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County Borough of Ipswich.
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REPORT

of

THE MEDICAL OFFICER
OF HEALTH,

and

SCHOOL MEDICAL OFFICER,

for the Year 1929.





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COUNTY BOROUGH OF IPSWICH.

Annual Report
of the
Medical Officer of Health
and School Medical Officer
for 1929

By A. M. N. PRINGLE,

M.B., C.M. Edin., D.P.H. Camb.,

Medical Officer of Health,

School Medical Officer, Superintendent Isolation Hospital,

Medical Officer to the Ipswich Port Sanitary Authority,

Fellow of the Royal Sanitary Institute,

Fellow of the Royal Society of Medicine,

etc., etc.

County Borough of Ipswich.

PUBLIC HEALTH DEPARTMENT,
ELM STREET,
IPSWICH,
June, 1930.

LADIES AND GENTLEMEN,

I have the honour to present to you my Report on the Health of Ipswich for the year 1929.

I wish to place on record my appreciation of the support given me by the Public Health Committee in all matters pertaining to the health of the people.

I have great pleasure in making public acknowledgment of the services rendered by the staff of the Public Health Department in all matters of Public Health.

I am, Ladies and Gentlemen,

Your obedient Servant,

A. M. N. PRINGLE, M.B., C.M., D.P.H.,

*Medical Officer of Health,
School Medical Officer.*

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Officers of the Public Health Service.

DECEMBER 31st, 1929.

Medical Officer of Health, School Medical Officer, Tuberculosis Officer, Medical Superintendent Isolation Hospital, etc.

A. M. N. PRINGLE, M.B., C.M. EDIN., D.P.H. CAMB.

Assistant Medical Officers of Health.

A. W. GAYE, B.A., M.B., B.CH., D.P.H.

DORIS E. P. JOLLY, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Dental Surgeons.

T. A. EDMONDSON, L.D.S., R.C.S. Eng.

A. W. T. WARD, L.D.S., R.C.S. Eng.

Chief Sanitary Inspector.

*A. T. MEARS.

Sanitary Inspectors.

|*G. ELLISON.

*A. E. HOLLOX.

*A. J. JAMES.

Health Visitors and School Nurses.

*Miss A. WYNNE.

Miss M. A. SANDBACH.

Miss F. PEPPER.

Miss F. ILETT.

Miss M. SPRINGETT.

Miss E. JONES.

Matron : Isolation Hospital.

Matron : Maternity Home.

Miss A. EDLINGTON.

Miss M. BLYTH.

Chief Clerk.

*H. J. WALTON.

*Certified R.S.I.

|Certified Meat Inspector.

GENERAL PROVISION OF HEALTH SERVICES FOR THE COUNTY BOROUGH OF IPSWICH.

HOSPITAL PROVISION.

1. FEVER.

Ipswich Isolation Hospital, Foxhall Road, Ipswich—110 beds, including cubicle block of 24 beds for suspects or mixed infections—accommodation for all forms of Infectious Diseases.

2. SMALL POX.

Ipswich Small Pox Hospital, Foxhall Heath, near Ipswich—24 beds.

3. TUBERCULOSIS.

Ipswich Sanatorium, Foxhall, near Ipswich—120 beds, early cases.

Ipswich Isolation Hospital :—

Advanced Tuberculosis—30 beds.

Surgical Tuberculosis—24 beds.

East Suffolk and Ipswich Hospital (Voluntary Hospital)—beds as required for operative treatment.

4. MATERNITY.

Ipswich Maternity Home, 7, Lower Brook Street, Ipswich—8 beds—insufficient accommodation and about to be extended to 17 beds.

AMBULANCE FACILITIES.

(a) INFECTIOUS CASES.

A Motor Ambulance has been provided by the Council and Motor Van for the removal of infected bedding.

(b) NON-INFECTIOUS AND ACCIDENT CASES.

The Council have no Ambulances for use in these connections, but assists the local Branch of St. John Ambulance by an annual grant.

CLINICS AND TREATMENT CENTRES.

1. MATERNITY AND CHILD WELFARE CENTRES.

(a) PUBLIC HEALTH DEPARTMENT, ELM STREET.

Every afternoon (except Saturday), 2.30 p.m.—5.0 p.m.

Medical Officer in attendance Monday and Thursday.

(b) NACTON ESTATE (RED TRIANGLE HUT).

Every Tuesday afternoon, 2.30 p.m.—5 p.m.

Medical Officer in attendance 2.30—3.30 p.m.

2. ANTE-NATAL CLINIC.

Every Wednesday and Friday afternoon, 2.30 p.m.—5 p.m.
at Public Health Department, Elm Street.

3. ARTIFICIAL LIGHT CLINIC.

Every Monday and Thursday afternoons at 2.30 p.m.

Tuesday and Friday afternoons at 4.30 p.m.

4. SCHOOL CLINIC.

Open every day for all children attending School.

5. TREATMENT CLINIC.

Open every day for all children attending School.

6. DENTAL CLINICS (2)

Open every day for all children attending School, and by
special appointment for certain other cases.

7. TUBERCULOSIS DISPENSARY.

Adults every Tuesday and Friday at 10 a.m.

Children every Friday at 2.30 p.m.

8. TREATMENT CENTRE (VENEREAL DISEASES).

Clinics are held at the East Suffolk and Ipswich Hospital
(Voluntary Hospital) as under :—

Adults—Males, Wednesday at 5.30 p.m., Friday at 1 p.m.

Females, Wednesday, at 4.0 p.m., Friday at 2.30 p.m.

Children, Thursday, at 11 a.m.

All the above Clinics are held at the Public Health Department, Elm Street,
Ipswich, except where stated otherwise.

GENERAL STATISTICS

Area (acres)	8,112
Population, Census 1921	79,371
.. Estimated 1929	85,800
No. of Inhabited Houses (1921)	17,764
No. of Families or separate occupiers (1921)...	18,923
Rateable value, March 1929	£514,126
Sum represented by a Penny Rate, 1929	£1,955

EXTRACTS FROM VITAL STATISTICS OF THE YEAR 1928.

	Total.	M.	F.	Birth-Rate.
BIRTHS—Legitimate ..	1,372	694	678	16.3
.. Illegitimate ..	66	31	35	
DEATHS	1,050	505	545	Death-Rate. 12.23
Number of women dying in, or in (	From Sepsis ...	...	...	3
consequence of, child-birth ...	From other causes ...	...	...	1
Deaths of infants under one year of age per 1,000 Births ... ..	...	...	...	52
Number of Deaths :—Legitimate, 70; Illegitimate, 6—Total	76.			
Deaths from Measles (all ages) ... ..	...	...	...	—
Deaths from Whooping Cough (all ages) ... ..	...	...	...	7
Deaths from Diarrhœa (under 2 years of age) ... ..	...	...	...	2

POPULATION.

The facts as to the movements of the population of Ipswich are shown in the following Table, in which is set forth the numbers and sex distribution of the populations enumerated at each census from the first in 1801 to the last in 1921.

Year.	Census Populations.			Increases Per Cent.	Females per 1,000 Males.
	Males.	Females.	Persons.		
1801	4,984	6,293	11,277	—	1,262
1811	6,064	7,606	13,670	21.2	1,254
1821	7,831	9,355	17,186	25.6	1,194
1831	9,169	11,032	20,201	17.5	1,203
1841	11,894	13,490	25,384	25.6	1,134
1851	15,474	17,440	32,914	29.6	1,127
1861	17,667	20,283	37,950	15.3	1,148
1871	20,047	22,900	42,947	13.1	1,143
1881	23,608	26,712	50,320	17.1	1,131
1891	26,658	30,702	57,360	13.9	1,151
1901	31,181	35,449	66,630	16.1	1,136
1911	34,980	38,952	73,932	10.9	1,113
1921	37,359	42,012	79,371	7.4	1,124

The populations in this Table are accurate representations of the facts of population movement, but are not identical in all respects. Thus the population of 1921 showed an age distribution different from that of, say, 1881, and it is not prophecy to forecast that the population of 1931 will show an extension of the same variation.

The variation is the ageing of the people due to the interplay of two main factors :—

- (1) The diminution in the birth-rate resulting in fewer young lives appearing in the population, and
- (2) The lowering of the death-rates at all ages, but particularly amongst the young.

The results are that the expectation of life at birth is greatly higher than it was, and that, as the individual increases in age he is confronted at each age with less liability to death, so that survival to high ages has become a likelihood instead of a possibility. Further, not only do greater numbers reach the higher ages, but there is an increasing tendency for life to be prolonged still further, especially in the case of women.

These factors have been in force for a sufficient length of time to make their influence felt to a material degree, but not yet to their full extent. It will be obvious that changes such as these take considerable periods of time to manifest their full effects.

I append a Table showing the Registrar-General's estimates of the population of Ipswich for each year since 1921 :—

Year.	Males.	Females.	Persons.
1921	37,700	42,400	80,100
1922	38,100	42,850	80,950
1923	38,460	43,250	81,710
1924	38,930	43,780	82,710
1925	39,130	43,990	83,120
1926	39,610	44,530	84,140
1927	40,440	45,550	85,990
1928	40,400	45,510	85,910
1929	40,350	45,450	85,800

In the opinion of the Registrar-General the population is slightly on the decrease.

On the other hand, the congested state of the local housing conditions, in spite of the extensive housing accommodation provided to make good the Post-War deficiency, points quite definitely to the view that the population is considerably in excess of that estimated.

The result is that every rate based upon the Registrar-General's estimates is over-stated to the extent to which that estimate is under-stated.

It is quite impossible to make any definite statement as to the amount of the under-estimate.

MARRIAGES.

The Marriage Rates for Ipswich are set forth thus :—

Period.	Ipswich. No. of Marriages.	Marriage rates per 1000 living.	
		Ipswich.	England & Wales.
1841—1850	3,815	19.4	16.1
1851—1860	3,302	18.6	16.9
1861—1870	3,550	17.6	16.6
1871—1880	4,143	17.7	16.2
1881—1890	4,152	15.3	14.9
1891—1900	4,777	15.3	15.6
1901—1910	5,209	14.7	15.5
1911—1920	6,819	17.8	16.6
1921—1925	3,316	16.2	
1911	559	15.0	15.2
1912	596	15.8	15.6
1913	586	15.4	15.7
1914	604	15.8	15.9
1915	856	22.2	19.4
1916	653	16.9	14.9
1917	606	15.7	13.8
1918	706	18.3	15.3
1919	898	23.1	19.7
1920	755	19.1	20.2
1921	701	17.5	16.9
1922	635	15.6	15.7
1923	662	16.1	15.2
1924	600	14.5	15.3
1925	718	17.2	15.2
1926	654	15.5	14.3
1927	675	15.7	15.7
1928	680	15.8	15.4
1929	714	16.6	15.8

BIRTHS.

1,438 births were registered as belonging to Ipswich in 1929, as compared with 1,424 in 1928, 1,416 in 1927, 1,540 in 1926, and an average annual number of 1,542 during the 5 years 1921—1925.

The following Table indicates the behaviour of the birth-rate in Ipswich since 1841 :—

Periods.	Number.			Rates.	
	Males.	Females.	Persons.	Ipswich.	England and Wales.
1841—1850	4,783	4,608	9,391	32.7	32.6
1851—1860	6,088	5,837	11,925	33.7	34.1
1861—1870	6,805	6,488	13,293	33.2	35.2
1871—1880	8,005	7,606	15,611	33.4	35.4
1881—1890	8,619	8,485	17,104	31.6	32.4
1891—1900	9,058	8,729	17,787	28.7	29.9
1901—1910	9,586	9,212	18,798	26.8	27.2
1911—1920	8,436	8,102	16,538	21.6	21.8
1841—1845	2,036	2,056	4,092	30.2	32.3
1846—1850	2,747	2,552	5,299	34.4	32.8
1851—1855	2,914	2,864	5,778	33.9	33.9
1856—1860	3,174	2,973	6,147	33.6	34.4
1861—1865	3,308	3,144	6,452	33.1	35.1
1866—1870	3,497	3,344	6,841	32.9	35.3
1871—1875	3,820	3,646	7,466	33.4	35.5
1876—1880	4,185	3,960	8,145	33.5	35.3
1881—1885	4,258	4,230	8,488	32.5	33.5
1886—1890	4,361	4,255	8,616	30.9	31.4
1891—1895	4,444	4,339	8,783	29.5	30.5
1896—1900	4,614	4,390	9,004	28.1	29.3
1901—1905	4,899	4,719	9,618	28.2	28.2
1906—1910	4,687	4,493	9,180	25.5	26.3
1911—1915	4,481	4,271	8,752	23.2	23.6
1916—1920	3,955	3,831	7,786	20.1	20.1
1921—1925	3,829	3,883	7,712	18.8	19.9
1911	922	850	1,772	23.9	24.3
1912	890	860	1,750	23.3	23.9
1913	916	897	1,813	23.9	24.1
1914	932	868	1,800	23.5	23.8
1915	821	796	1,617	21.0	21.9
1916	865	801	1,666	21.7	20.9
1917	661	654	1,315	17.1	17.8
1918	700	679	1,379	17.8	17.7
1919	720	703	1,423	18.3	18.5
1920	1,009	994	2,003	25.5	25.5
1921	844	880	1,724	21.5	22.4
1922	773	813	1,586	19.5	20.6
1923	782	766	1,548	18.9	19.7
1924	735	698	1,433	17.3	18.8
1925	695	726	1,421	17.0	18.3
1926	777	763	1,540	18.3	17.8
1927	729	687	1,416	16.4	16.7
1928	768	656	1,424	16.5	16.7
1929	725	713	1,438	16.7	16.3

Thus for the third successive year the birth rate has fallen below the low record established during the War, even on the Registrar-General's population estimate. In my opinion the birth-rate for 1929 is fractionally lower than that stated. It is quite likely that the real rate is the lowest ever recorded.

I reiterate the statement made in these reports for a number of years that the cause of the drop in the birth-rate is the deliberate practice of contraception amongst ever-increasing numbers of the population.

Other causes, such as delay in marriage, the quite gratuitous assumption that civilisation interferes in some nebulous way with fertility, and other equally unsupported guesses, have been put forward from time to time as explanations of the phenomenon, but no one acquainted with the facts of the case as they actually are at the present day can have the slightest doubt as to the true explanation.

Whether it is an advantage or the reverse is not a matter for this Report, but it may be stated that it is better for the future of the race to rear a few children well rather than many badly.

Number, sex, and legitimacy of the births 1921—1929:—

NUMBER AND SEX OF BIRTHS.

Year	Legitimate			Illegitimate			All Births.			Males per 1,000 Females.
	M.	F.	P.	M.	F.	P.	M.	F.	P.	
1921	808	831	1,639	36	49	85	844	880	1,724	959
1922	731	777	1,508	42	36	78	773	813	1,586	958
1923	754	733	1,487	28	33	61	782	766	1,548	1,021
1924	700	669	1,369	35	29	64	735	698	1,433	1,053
1925	661	695	1,356	34	31	65	695	726	1,421	957
1926	748	735	1,483	29	28	57	777	763	1,540	1,018
1927	689	665	1,354	40	22	62	729	687	1,416	1,061
1928	736	625	1,361	32	31	63	768	656	1,424	1,170
1929	694	678	1,372	31	35	66	725	713	1,438	1,017

TWIN BIRTHS.

The following Table gives some particulars with regard to Twin Births since 1921 :—

Year.	No. of Twin Pregnancies.	No. of Births.		Percentage of Stillbirths.	Proportion of Twin Infants to Single Infants
		Live.	Stillborn.		
1921	16	30	2	6.2	1.7
1922	20	36	4	10.0	2.3
1923	16	31	1	3.1	2.0
1924	20	35	5	12.5	2.4
1925	27	52	2	3.7	3.7
1926	17	27	7	20.6	1.7
1927	19	35	3	7.9	2.5
1928	11	20	2	9.1	1.4
1929	15	22	8	26.6	1.5
TOTAL	161	288	34	10.5	2.1

Thus in 1929 the number of stillborn twins was excessive.

The sex distribution of the Twin Births (including stillbirths) for the years 1921-1929 inclusive was as follows :—

Groups.		No. of Pregnancies.	Males.	Females.	Infants.
Both Males	...	58	116	—	116
Both Females	...	47	—	94	94
Mixed Twins	...	56	56	56	112
TOTAL	...	161	172	150	322

The proportion of male to female births in the above Table is as 1,146—1,000, a male excess much above that recorded for single births.

If the live twin births only be compared, the male excess is found to be reduced to 1,087 per 1,000 females.

It has been shown that 10.5 per cent. of local twins are stillborn, which is more than double the proportion of all stillbirths to all births, and represents an Ante-Natal Twin mortality of 105 per 1,000 potential lives. This compares very unfavourably with the corresponding mortality figures for single infants.

There are some interesting facts in connection with twin stillbirths that are indicated in the Table given below. The figures relate to the nine

years 1921-1929, and in view of that fact may have some value, but the numbers are very small.

Groups	One Twin Stillborn.				Both Twins Stillborn.				All Twin Stillbirths			
	No. of Pregs.	M.	F.	I.	No. of Pregs.	M.	F.	I.	No. of Pregs.	M.	F.	I.
Both Males ...	7	7	—	7	4	8	—	8	11	15	—	15
Both Females	5	—	5	5	—	—	—	—	5	—	5	5
Mixed Twins	8	4	4	8	3	3	3	6	11	7	7	14
Total ...	20	11	9	20	7	11	3	14	27	22	12	34

The Table emphasises the excessive tendency to male stillbirth in Twin pregnancies, and it is shown that 12.8 per cent. of male twins are stillborn, as compared with 8 per cent. for females. It is rather peculiar that double female twins would appear to enjoy a far higher prospect of escaping stillbirth than double male twins. On the other hand, male and mixed twins show not only similar total frequency, but almost identical stillbirth experience.

These stillbirth figures show that the ratio of female to male stillbirths was at 545 to 1,000, a ratio of male mortality much in excess of that of single infants.

The Tables further show that 4.3 per cent. of the total pregnancies ended in double stillbirth and 12.4 per cent. in single stillbirth. Thus 16.7 per cent. of the local twin pregnancies were associated with stillbirth.

Finally I show the relation to sex distribution of all the twins born alive.

Group.	No. of Pregs.	Males	Females.	Infants.
Both Males ...	54	101	—	101
Both Females ...	47	—	89	89
Mixed Twins ...	53	49	49	98
Total ...	154	150	138	288

In this Table the 7 pregnancies ending in double stillbirth are excluded.

DEATHS FROM ALL CAUSES IN 1929.

I give a Table showing the crude death-rates recorded for Ipswich as contrasted with those of England and Wales since 1841 :—

Periods.		No. of Deaths (Ipswich).			Crude Death-rates per 1000 living					
					Males		Females.		Persons.	
		M	F	P.	Ipswich	E. & W.	Ipswich	E. & W.	Ipswich	E. & W.
1841—1850	3,245	3,324	6,569	23.85	23.1	21.60	21.6	22.67	22.4	
1851—1860	3,863	3,987	7,850	23.38	23.1	21.60	21.4	22.21	22.2	
1861—1870	4,440	4,480	8,920	23.66	23.7	20.82	21.4	22.12	22.5	
1871—1880	5,273	5,044	10,317	24.15	22.7	20.33	20.1	22.08	21.4	
1881—1890	5,053	5,016	10,069	20.00	20.3	17.40	18.1	18.62	19.1	
1891—1900	5,649	5,529	11,178	19.54	19.3	16.74	17.1	17.99	18.2	
1901—1910	5,335	5,231	10,566	16.16	16.4	14.07	14.4	15.00	15.4	
1911—1920	5,270	5,283	10,553	14.56	15.9	13.11	13.0	13.80	14.3	
1841—1845	1,402	1,417	2,819	22.15	22.1	19.70	20.6	20.81	21.4	
1846—1850	1,843	1,907	3,750	25.43	24.1	23.32	22.6	24.31	23.3	
1851—1855	1,989	1,971	3,960	24.91	23.5	21.84	21.8	23.26	22.7	
1856—1860	1,874	2,016	3,890	21.97	22.6	20.69	21.0	21.29	21.8	
1861—1865	2,235	2,314	4,549	24.53	23.7	22.21	21.5	23.32	22.6	
1866—1870	2,205	2,166	4,371	22.79	23.7	19.56	21.2	21.07	22.4	
1871—1875	2,586	2,440	5,026	24.78	23.3	20.52	20.7	22.51	22.0	
1876—1880	2,687	2,604	5,291	23.58	22.1	20.17	19.5	21.76	20.8	
1881—1885	2,496	2,505	5,001	20.37	20.5	18.01	18.3	19.12	19.4	
1886—1890	2,557	2,511	5,068	19.69	20.0	16.88	17.8	18.19	18.9	
1891—1895	2,841	2,760	5,601	20.46	19.8	17.32	17.7	18.77	18.7	
1896—1900	2,808	2,769	5,577	18.74	18.8	16.20	16.6	17.38	17.7	
1901—1905	2,692	2,636	5,328	16.80	17.1	14.55	15.0	15.60	16.0	
1906—1910	2,643	2,595	5,238	15.57	15.6	13.66	13.8	14.56	14.7	
1911—1915	2,765	2,597	5,362	15.43	15.4	13.07	13.2	14.19	14.3	
1916—1920	2,505	2,686	5,191	13.71	16.5	13.14	12.8	13.41	14.4	
1921—1925	2,200	2,330	4,530	11.43	13.0	10.77	11.4	11.09	12.2	
1901	615	570	1,185	19.66	18.1	16.04	15.8	17.73	16.9	
1902	465	504	969	14.69	17.4	14.04	15.2	14.34	16.3	
1903	548	501	1,049	17.10	16.5	13.82	14.4	15.36	15.5	
1904	553	532	1,085	17.06	17.4	14.54	15.3	15.72	16.3	
1905	511	529	1,040	15.58	16.3	14.32	14.4	14.91	15.3	
1906	545	525	1,070	16.42	16.5	14.08	14.5	15.18	15.5	
1907	518	541	1,059	16.33	16.0	14.37	14.2	15.29	15.1	
1908	525	534	1,059	15.47	15.8	14.05	13.9	14.72	14.8	
1909	519	472	991	15.12	15.5	12.31	13.8	13.64	14.6	
1910	506	523	1,029	14.58	14.4	13.51	12.7	14.02	13.5	
1911	462	483	945	13.17	15.6	12.37	13.7	12.75	14.6	
1912	582	555	1,137	16.40	14.2	14.08	12.6	15.18	13.4	
1913	567	488	1,055	15.80	14.8	12.27	12.9	13.94	13.8	
1914	546	518	1,064	15.05	14.9	12.90	13.1	13.92	14.0	
1915	608	553	1,161	16.70	17.7	13.70	14.0	15.12	15.7	
1916	506	521	1,027	13.90	16.6	12.87	12.5	13.36	14.3	
1917	521	533	1,054	14.32	17.1	13.12	12.1	13.69	14.2	
1918	540	606	1,146	14.84	20.1	14.88	15.2	14.86	17.3	
1919	488	527	1,015	13.36	15.7	12.86	12.6	13.09	14.0	
1920	450	499	949	12.17	13.5	12.01	11.5	12.09	12.4	
1921	432	459	891	11.45	13.0	10.83	11.3	11.06	12.1	
1922	448	526	974	11.75	13.6	12.28	12.0	12.03	12.8	
1923	411	427	838	10.68	12.1	9.87	10.9	10.25	11.6	
1924	398	403	801	10.21	12.9	9.21	11.5	9.68	12.2	
1925	511	515	1,026	13.04	12.9	11.71	11.4	12.34	12.2	
1926	440	429	869	14.84	12.4	9.64	10.9	10.32	11.6	
1927	516	544	1,060	12.73	13.1	11.96	11.6	12.32	12.3	
1928	481	479	960	11.90	12.5	10.52	10.9	11.17	11.7	
1929	505	545	1,050	12.51		11.99		12.23	13.4	

The Table is self explanatory and requires in consequence only the briefest comment.

It will be noted that the mortality has been relatively high on four occasions since 1921, viz., 1922, 1925, 1927, and 1929, and if reference be made to the Table of quarterly death-rates it will be found that in each of these years there was a marked excess in the mortality of the March quarter.

Reference to other parts of the Report will show that in each of these quarters there was an extensive epidemic of Influenza, which was the exciting cause of the rise in the Death-rate.

It will be evident that the fall in the death-rate which has been going on without notable interruption since 1881 is now showing a definite tendency to slow up, which is precisely what would be expected from the nature of the case. The decline that has already occurred has been associated definitely with the remarkable fall in the infant mortality rate, and with a large and established drop in the mortality experience at all ages under 65, diminishing in degree, of course, with the advance in age. On the other hand, for obvious reasons, the mortality rates over 70 years of age, although they have declined, have not altered to such an extent as to contribute materially to the improved mortality experience at all ages.

Reference has been made in the section dealing with population to the fact that the population as a whole is ageing, which is merely another way of stating the fact that people are surviving to later ages. The Table under consideration shows that this has been going on for a considerable time. The result is that the number of people surviving to the age of 70 and over has increased to such an extent that practically 40 per cent. of the deaths at the present day are of persons at these high ages. A reference to the mortality Table dealing with persons over 70 will but emphasise the fact that with practically a stationary mortality the contribution to the general death-rate made by persons over 70 has risen from 14.5 per cent. to about 39 per cent. There is no reason to anticipate that this proportion will diminish. On the contrary, it can be expected to increase, but the effect must be to bring about, ultimately, a stabilisation of the average death-rate, if not an actual increase. There must come a time when death-rates will cease to fall, and only a very inexperienced person will have the necessary rashness to be able to state when that time has arrived.

SEX DEATH RATES.

The Table shows that, as always, the male death-rate exceeds the female, but it is of considerable interest that the death-rates show some evidence of approaching one another.

In the section dealing with Births it was shown that at the very beginning of life there are more males than females. This is a universal experience, probably evolutionary in origin, since it is clear that only races with a high proportion of males could survive in primitive states of society.

Whatever be the reason for this initial condition it is a fact that at all ages the male death-rate exceeds the female. The degree varies at different age periods, but the substantial truth of the fact remains. The result is that at ages over 70, man's initial advantage has been wiped out, and for every 1,000 males there are 1,500 women. At ages over 80, locally, there are 2 women to each man, in round figures.

The employment of female labour accounts for a proportion of the local excess, but the main cause, at least locally, is the disproportion between the sex death-rates.

STANDARDIZATION.

"The Standardized death-rates are those which would have been recorded if the sex and age constitution of the population had been the same as in 1901. The rates for males and females are standardized for differences of age constitution in each sex, and also between the two sexes."—(Registrar-General's Reports).

The age and sex distribution of the population of England and Wales at the Census of 1901 was such as to represent a population favourable to a low rate of mortality, for which reason it has been adopted as the standard with which various populations can be compared.

Before 1901 the enumerated populations showed little of the age changes that have taken place since. The result is that the effect of standardization, so far as Ipswich is concerned, was less before 1901 than since.

It is since 1901 that there has occurred the dramatic fall in the Infant death-rate and the great fall in the birth-rate, and it is since that date that the effect of the fall in the death-rates at ages over one year, which was responsible for the fall in the death-rates at all ages prior to 1901, has exhibited itself in the increased expectation of life at all ages, with the result that there is now a quite different age distribution of the population.

Standardization enables accurate comparisons to be made of the death-rates between different periods, and, more important, renders it possible to give an accurate comparative view of the death-rates of the locality, as compared with those of the country as a whole. It is for this reason that I give the Standardization Table of death-rates from all causes at all ages, as well as those for Tuberculosis and Cancer.

STANDARDIZED DEATH-RATES FROM ALL CAUSES AT ALL AGES.

Period.	Males		Females		Persons	
	Ipswich	England & Wales	Ipswich	England & Wales	Ipswich	England & Wales
1841—1850	22.23	22.5	20.13	20.7	21.13	21.6
1851—1860	21.79	22.1	19.76	20.3	20.70	21.2
1861—1870	22.04	22.6	19.41	20.2	20.63	21.3
1871—1880	22.51	21.8	18.95	19.0	20.58	20.3
1881—1890	18.64	20.0	16.22	17.3	17.36	18.6
1891—1900	18.21	19.5	15.60	16.7	16.77	18.1
1901—1910	15.06	16.6	13.12	13.9	13.98	15.2
1911—1920	12.92	15.1	11.64	12.1	12.25	13.5
1841—1845	20.65	21.6	18.36	19.8	19.40	20.6
1846—1850	23.71	23.4	21.74	21.6	22.66	22.4
1851—1855	23.22	22.7	20.36	20.7	21.68	21.7
1856—1860	20.48	21.6	19.29	19.9	19.85	20.7
1861—1865	22.87	22.6	20.70	20.3	21.74	21.4
1866—1870	21.24	22.6	18.23	20.0	19.64	21.2
1871—1875	23.10	22.4	19.13	19.5	20.98	20.9
1876—1880	21.98	21.3	18.80	18.4	20.28	19.8
1881—1885	18.99	20.1	16.79	17.5	17.82	18.7
1886—1890	18.35	20.0	15.74	17.2	16.96	18.5
1891—1895	19.07	20.0	16.15	17.2	17.50	18.5
1896—1900	17.47	19.1	15.10	16.2	16.20	17.6
1901—1905	15.66	17.4	13.56	14.6	14.54	16.0
1906—1910	14.51	15.8	12.73	13.2	13.57	14.4
1911—1915	13.70	15.2	11.60	12.4	12.60	13.7
1916—1920	12.17	15.2	11.66	11.9	11.90	13.4
1921—1925	10.16	12.1	9.56	9.9	9.84	10.9
1926	13.17	11.2	8.56	9.1	9.16	10.1
1927	11.30	11.8	10.61	9.6	10.94	10.6
1928	10.56	11.1	9.34	8.9	9.91	9.9

QUARTERLY DEATH-RATES.

The following Table shows the case :—

Year.	Quarters of the Year.							
	March.		June.		September.		December.	
	Death-rates.		Death-rates.		Death-rates.		Death-rates.	
	Ipswich	England & Wales.	Ipswich	England & Wales.	Ipswich	England & Wales.	Ipswich	England & Wales.
1841—1850	23.7	24.7	21.0	22.0	23.2	21.0	22.6	21.7
1851—1860	23.3	24.7	20.5	22.1	22.6	20.3	22.6	21.9
1861—1870	23.5	25.2	20.3	21.8	22.3	21.0	22.4	22.1
1871—1880	23.7	23.7	20.7	20.9	21.7	19.6	22.3	21.3
1881—1890	21.0	21.6	17.4	18.7	17.4	17.3	19.6	19.1
1891—1900	20.5	20.7	15.9	17.6	18.3	17.0	17.5	17.7
1901—1910	17.6	17.7	13.7	14.6	13.6	13.8	15.2	15.4
1911—1920	17.1	17.2	12.7	13.6	11.4	11.8	14.0	15.0
1921—1925	13.7	—	10.1	—	9.1	—	11.3	—
1921	12.4	13.8	10.8	11.5	9.8	10.4	12.0	12.8
1922	17.7	17.6	11.1	12.6	8.5	9.5	10.7	11.4
1923	11.6	13.2	9.4	11.9	8.8	9.4	11.1	11.9
1924	11.6	16.6	8.7	11.8	8.5	9.2	9.8	11.1
1925	15.3	14.4	11.2	11.7	9.8	9.7	12.9	12.9
1926	13.9	13.6	9.2	11.7	7.3	9.2	9.9	12.1
1927	18.6	17.4	10.6	11.0	8.2	9.3	11.8	11.7
1928	14.5	13.9	11.2	11.7	8.4	9.4	10.6	11.7
1929	17.3	—	10.7	—	10.1	—	10.7	—

There was thus a very great excess mortality experience in the March quarter, though not so great as in 1927.

The June quarter was about the existing average, but the September quarter showed a definite rise. The December quarter, on the other hand, was rather low.

MONTHLY DEATH-RATES.

I reproduce the comparative Table of monthly death-rates given in these Reports for the last year or two.

The periods selected are sufficient to establish the average experience of the particular periods to which they refer, and they are sufficiently long to afford a reasonable basis for comparison.

Month.	Persons,							
	1841—1880	1881—1900.	1901—1910	1911—1920.	1921—1926.	1927.	1928.	1929.
January	24.02	21.52	18.47	15.81	15.49	21.14	13.59	15.38
February	24.21	20.37	18.19	19.22	13.92	22.89	14.23	17.32
March	23.40	21.49	16.74	16.61	12.64	12.22	15.24	19.63
April	21.88	18.36	14.95	14.34	11.95	11.06	11.21	11.77
May	20.95	16.33	14.16	12.86	9.25	9.61	11.94	9.88
June	19.25	14.89	12.29	11.32	8.88	11.21	10.64	10.64
July	18.00	15.15	11.96	10.57	8.94	7.96	9.61	11.26
August	23.11	19.08	14.01	11.43	8.67	8.65	8.37	8.65
September	25.66	18.95	14.64	12.01	8.59	8.08	7.37	10.22
October	21.59	17.12	13.66	12.13	9.92	9.47	9.06	12.88
November	21.17	17.37	15.28	16.08	10.50	11.35	10.50	10.50
December	24.05	20.45	16.50	13.65	12.64	14.69	12.22	9.33
Year	22.27	18.33	15.00	13.80	10.95	12.32	11.17	12.23

Thus in 1929 the highest mortality occurred in March, February, January and October in the order named. The only variation from the average in this case is the position of October, and from reference to the actual causes of death recorded for that month it would appear to be accidental.

The causes of the high mortalities of the early months of the year included Influenza, Bronchitis, Pneumonia (especially Bronchitis), Heart Disease and Senility. In other words, Influenza and the inclemency of the season levied a very heavy toll upon the old and feeble.

The lowest mortalities were recorded in August, December, May and September. This distribution is a little unusual.

August and September may be expected to show small death-rates, but December can very rarely be credited with the same state of affairs. May also, in this part of the country at least, is not a month usually associated with low mortality.

DEATH-RATES OVER 70 YEARS OF AGE.

The following Table shows the death-rates per 1,000 living from all causes over 70 years of age :—

Periods.	Death-rates per 1,000 Living and % Proportions.					
	Males.		Females.		Persons.	
	Rates.	Per cent.	Rates.	Per cent.	Rates.	Per cent.
1841—1850	121.99	13.2	116.09	16.2	118.66	14.6
1851—1860	117.99	13.2	108.27	16.5	112.32	14.9
1861—1870	118.25	14.1	100.49	17.2	107.72	15.6
1871—1880	131.44	15.2	119.34	20.7	124.23	17.8
1881—1890	121.06	16.8	106.69	20.8	112.62	18.8
1891—1900	116.38	17.4	111.49	23.5	113.51	20.4
1901—1910	115.42	21.1	104.44	28.1	108.90	24.5
1911—1920	114.71	24.1	96.16	32.1	103.28	28.1
1921—1925	102.50	29.5	92.25	41.5	96.11	35.7
1926	113.09	33.2	79.64	40.5	92.00	37.0
1927	121.27	33.1	96.61	41.9	105.83	39.6
1928	112.76	32.8	89.83	44.2	98.14	38.5
1929	131.20	36.6	108.89	47.1	117.24	42.1

In this Table it could not be expected that there would be any material alteration in the death-rates as a whole. It is, however, of interest that the variations in the male death-rate are practically negligible, whilst the female show a definite reduction.

This is another way of expressing the fact that males who do survive to the age of 70 do not continue to live as long afterwards as females.

The percentages in the Table are very remarkable. It is shown that in 1929 47 per cent. of the recorded female deaths were of women who had reached the age of 70 years. In other words, rather less than one half of the deaths of females were of women over 70, whereas in the case of men only a little more than one-third had reached that age.

CAUSES OF DEATH OVER 70 YEARS OF AGE.

The following Table summarises the principal causes of death of persons over 70 years of age in 1929 :

Causes.				Males.	Females.	Persons.
Heart Diseases ...	...	...	...	32	53	85
Senile Decay ...	...	...	...	24	57	81
Bronchitis ...	...	...	...	21	38	59
Cancer ..	...	...	...	24	27	51
Cerebral Hæmorrhage, etc.				21	26	47
Influenza ...	...	...	...	5	11	16
Pneumonia ...	...	...	...	5	7	12
Bright's Disease...	...	...	...	8	4	12
Diseases of Arteries ...	...	...	...	7	4	11
All others ...	...	...	...	38	30	68
Total All Causes				185	257	442

In its broad general outlines the Table shows no departure from the experience of recent years. The great causes of death at those ages are, of course, the degenerations that attack the tissues as age advances. The effects naturally vary with the importance of the tissues involved.

In the Table given above degenerative Heart lesions occupy the chief place, and those grouped under Senile Decay the second place. These positions represent merely more accurate certification of the cause of death.

In this relation it should be borne in mind that more often than not death at the ages now under consideration is due to degenerations of many organs rather than of one in particular.

For example, Cerebral Hæmorrhage is associated with degeneration of the whole system of Arteries, not those of the Brain only. Bronchitis and Heart Degenerations in the aged react upon one another forming a vicious circle.

Cancer caused 11.5 per cent. of the deaths over 70 years of age, as compared with 13.8 per cent. in the previous year.

SUMMARY OF THE PRINCIPAL CAUSES OF DEATH REGISTERED IN IPSWICH, AT ALL AGES, IN 1929.

Causes of Death.	Males.		Females.		Persons.	
	No.	Rates.	No.	Rates.	No.	Rates.
Heart Diseases(88-90)	71	1.76	86	1.88	157	1.83
Cancer (43-49)	57	1.41	79	1.73	136	1.58
Bronchitis (99)	32	.79	56	1.23	88	1.02
Senility (164)	24	.59	57	1.23	81	.94
Tuberculosis (31-37)	37	.91	43	.94	80	.93
Cerebral Hæmorrhage (74)	37	.91	29	.63	66	.76
Violence (165-203)	35	.86	18	.39	53	.61
Pneumonia (100-101)	31	.76	20	.44	51	.59
Influenza (11)	14	.34	20	.44	34	.39
Bright's Disease(128-9)	20	.49	7	.15	27	.31
Arterio Sclerosis(91)	14	.34	10	.22	24	.28
Prematurity (161)	12	.30	12	.26	24	.28
All Others	121	3.00	108	2.37	229	2.67
Total	505	12.51	545	11.99	1050	12.23

The facts shown in this Table, viewed as a whole, exhibit little material variation from the average. The great killing diseases are shown very clearly as Heart Diseases, Cancer, Bronchitis and Pneumonia, Tuberculosis and Cerebral Hæmorrhage.

The position of Senility is to be expected, and it will continue as a cause of death in a considerable number of cases, but age alone is for practical purposes never a cause of death, because it is always associated with forms of degeneration of vital organs which are in themselves incompatible with prolongation of life. Hence the modern tendency to certify death from Degeneration of the Heart muscle as a specific entity rather than the nebulousness of old age. This is the real reason for the increase in the number of deaths referred to Heart Disease.

Cancer in 1929 caused more deaths than in any year since 1841, with the single exception of the year 1925.

Tuberculosis, on the other hand, shows continued evidence of diminished fatality, the death-rate being the lowest in the recorded history of the Borough, with the exception of 1926.

Violence accounted for a greater number of deaths than usual.

Influenza was prevalent in the early part of the year, and contributed directly, but even more indirectly, to the high mortality experienced in the March quarter of 1929.

Arterio Sclerosis continues in increasing recognition as a cause of death, and it is important to bear in mind the relationship between this

condition and various cerebral lesions when considering the incidence of Cerebral Hæmorrhage.

Lastly attention may be drawn to the steadily diminishing number of infant deaths ascribed to Prematurity.

DEATHS FROM THE SEVEN PRINCIPAL ZYMOTIC DISEASES.

The Diseases included in this group are Enteric Fever, Small Pox, Scarlet Fever, Diphtheria, Measles, Whooping Cough, and Diarrhœa under two years of age.

The following Table explains itself :—

Periods	Males		Females		Persons	
	Nos.	Rates	Nos.	Rates	Nos.	Rates
1841—1850	401	2.94	383	2.48	784	2.70
1851—1860	438	2.64	471	2.50	909	2.57
1861—1870	523	2.73	539	2.50	1062	2.61
1871—1880	737	3.37	688	2.77	1425	3.04
1881—1890	514	2.03	528	1.83	1042	1.92
1891—1900	740	2.56	685	2.07	1425	2.29
1901—1910	486	1.47	443	1.19	929	1.31
1911—1920	347	.95	291	.72	638	.83
1841—1845	120	1.88	102	1.41	222	1.64
1846—1850	281	3.87	281	3.43	562	3.64
1851—1855	229	2.86	249	2.75	478	2.80
1856—1860	209	2.45	222	2.27	431	2.36
1861—1865	309	3.40	340	3.26	649	3.32
1866—1870	214	2.21	199	1.80	413	1.99
1871—1875	389	3.72	339	2.85	728	3.26
1876—1880	348	3.05	349	2.70	697	2.86
1881—1885	215	1.75	253	1.82	468	1.79
1886—1890	299	2.30	275	1.84	574	2.06
1891—1895	321	2.31	304	1.90	625	2.09
1896—1900	419	2.79	381	2.23	800	2.49
1901—1905	280	1.74	244	1.34	524	1.53
1906—1910	206	1.21	199	1.04	405	1.12
1911—1915	230	1.28	193	.97	423	1.12
1916—1920	117	.64	98	.48	215	.55
1921—1925	65	.33	71	.33	136	.33
1926	12	.30	1	.02	13	.15
1927	13	.32	14	.30	27	.31
1928	16	.39	8	.17	24	.27
1929	9	.21	12	.26	21	.24

It is obvious from this Table that the group has played, and is playing, a considerable part in contributing to the decline in the general death-rate. The situation is peculiarly gratifying to sanitary authorities since it is not open to doubt that the work that has been done has contributed materially to the remarkable facts exhibited by the Table.

This particular group was responsible for a very high mortality amongst young people and infants, and thus it comes about that its greatly improved mortality experience is one of the chief factors concerned with the diminution in the mortality rates at these ages.

It is worthy of note that the fall in the mortality-rate exhibited by this group has proceeded much more rapidly since the beginning of this century.

The Table shows that there was no real improvement between 1841 and 1880. Between 1881 and 1895 there was a definite diminution in the mortality rate, but in the quinquennium 1896-1900 the position receded considerably.

Since 1901 the fall has been rapid and continuous. At the moment of writing the average experience is well below anything previously recorded.

This group is one of the agencies responsible for excess in the male death-rate.

ENTERIC FEVER.

There were no deaths from Enteric Fever in 1929. The Table explains itself :—

Periods.	No. of Deaths.	Death-rates per 1,000 living.
		Ipswich.
1841—1850	12	.04
1851—1860	24	.06
1861—1870	40	.09
1871—1880	101	.21
1881—1890	65	.12
1891—1900	119	.19
1901—1910	78	.11
1911—1920	6	.007
1921—1925	3	.007
1921	1	.012
1922	1	.012
1923	—	—
1924	—	—
1925	1	.012
1926	—	—
1927	2	.033
1928	—	—
1929	—	—

I draw attention to the Table dealing with the Ill-Defined Fevers, with the statement that the low mortality from Enteric Fever noted in this Table from 1841-1870 is closely related to the high mortality during the same period in the group of Ill-Defined Fevers.

SMALL POX.

There were no deaths from Small Pox in 1929. The last fatal case occurred in 1893.

Period.	No. of Deaths.	Death-rates per 1,000 living.	
		Ipswich.	England & Wales.
1841—1850	103	.355	—
1851—1860	110	.311	.222
1861—1870	57	.140	.162
1871—1880	155	.331	.245
1881—1890	2	.003	.046
1891—1900	1	.001	.013
1901—1910	—	—	.013
1911—1920	—	—	—
1921—1925	—	—	—
1921	—	—	—
1922	—	—	.001
1923	—	—	—
1924	—	—	—
1925	—	—	—
1926	—	—	—
1927	—	—	.001
1928	—	—	—
1929	—	—	—

The type of Small Pox in this country is at the present moment mild and it is not impossible that it may continue to breed true. It is also possible that it may revert to its original type. In that case the attitude of mind of the public towards vaccination will undergo a complete revolution, and, as evidence of this fact, it is not necessary to do more than mention the few cases of the real disease introduced by the Tuscania.

SCARLET FEVER.

There was 1 death in 1929.

Period.	No. of Deaths.	Death-rates per 1,000 living.	
		Ipswich.	England & Wales.
1841—1850	120	.414	—
1851—1860	120	.339	—
1861—1870	304	.753	.971
1871—1880	200	.428	.719
1881—1890	38	.070	.338
1891—1900	52	.083	.158
1901—1910	15	.021	.106
1911—1920	44	.057	.047
1921—1925	6	.014	.029
1921	—	—	.034
1922	2	.024	.036
1923	3	.036	.026
1924	1	.012	.023
1925	—	—	.025
1926	—	—	.017
1927	—	—	.015
1928	1	.011	.01
1929	1	.011	.02

The type at present is mild, but there are indications of a change towards greater severity

MEASLES.

There were no deaths from Measles in 1929.

Period.	No. of Deaths.	Death-rates per 1,000 living.	
		Ipswich.	England & Wales.
1841—1850	87	.300	—
1851—1860	71	.200	.412
1861—1870	74	.183	.443
1871—1880	79	.169	.379
1881—1890	196	.362	.441
1891—1900	181	.291	.414
1901—1910	193	.274	.309
1911—1920	122	.159	.275
1921—1925	22	.053	.122
1921	—	—	.059
1922	3	.037	.149
1923	2	.024	.138
1924	2	.024	.124
1925	15	.180	.137
1926	—	—	.089
1927	—	—	.092
1928	11	.128	.11
1929	—	—	.08

I call attention to the fact that there has only been one epidemic of Measles since the end of 1925.

Since 1921 the death-rate from Measles has been far below anything recorded previously.

WHOOPIING COUGH

There were 7 deaths in 1929.

Period.	No. of Deaths.	Death-rates per 1,000 living.	
		Ipswich.	England & Wales.
1841—1850	165	.569	—
1851—1860	164	.464	.505
1861—1870	179	.443	.530
1871—1880	265	.567	.513
1881—1890	248	.458	.451
1891—1900	200	.322	.378
1901—1910	167	.237	.277
1911—1920	137	.179	.183
1921—1925	38	.092	.131
1921	—	—	.121
1922	15	.184	.167
1923	1	.012	.108
1924	4	.048	.103
1925	18	.216	.156
1926	4	.047	.105
1927	18	.209	.094
1928	4	.046	.07
1929	7	.081	.15

The deaths continue to be well below the average of past experience. In fact at the moment the average death-rate is the lowest recorded.

DIPHTHERIA.

11 deaths were referred to Diphtheria in 1929.

Period	No. of Deaths	Death-rates per 1,000 living	
		Ipswich.	England & Wales
1841—1850	35	.120	
1851—1860	50	.141	
1861—1870	100	.248	.435
1871—1880	109	.233	.291
1881—1890	168	.310	.308
1891—1900	157	.252	.315
1901—1910	102	.144	.192
1911—1920	127	.166	.142
1921—1925	25	.061	.088
1921	15	.186	.126
1922	6	.073	.107
1923	3	.036	.071
1924	—	—	.064
1925	1	.012	.071
1926	3	.035	.070
1927	1	.011	.07
1928	4	.046	.06
1929	11	.128	.08

The number of deaths recorded was the highest since 1921.

In last year's Annual Report I drew attention to the fact that the type of the disease had altered in the direction of greater severity. The figures for 1929 prove the truth of the statement. There are of course plenty of mild cases as well, but there have been quite a number during the year that recall cases seen before the antitoxin era. The point to emphasise is the vital necessity for early diagnosis and prompt treatment. There is too great a tendency to subordinate clinical evidence to the confirmation of a laboratory examination which in some cases involves fatal delay.

In every case in which the clinical evidence is suggestive of Diphtheria the diagnosis should be made without hesitation, so as to avoid the dangers of delay.

It appears to be not unlikely that the change in type is due to the introduction of a fresh strain.

I draw attention to the definite relationship between Diphtheria and Mastoid disease. The outbreak in the Ear, Nose and Throat Department of the local Hospital proved the case completely, and several other cases not connected with any Hospital have served to confirm the fact.

Hitherto my experience has not suggested that Mastoid disease was a frequent complication of Diphtheria, though its occurrence was recognised.

ZYMOTIC DIARRHŒA UNDER 2 YEARS OF AGE.

The following Table indicates the local experience since 1841 :—

Period	No. of Deaths.	Death-rate per 1,000 living. Ipswich.	Death-rate per 1,000 births.	
			Ipswich.	England & Wales.
1841—1850	262	.903	27.89	—
1851—1860	370	1.047	31.02	—
1861—1870	308	.763	23.15	—
1871—1880	516	1.104	32.83	—
1881—1890	325	.601	30.16	—
1891—1900	714	1.149	40.15	—
1901—1910	374	.531	19.89	—
1911—1920	202	.264	12.21	—
1921—1925	42	.101	5.18	8.0
1921	22	.272	12.76	16.06
1922	5	.061	3.15	6.58
1923	1	.012	.64	8.12
1924	6	.072	4.18	7.58
1925	8	.096	5.63	8.77
1926	6	.071	3.90	8.70
1927	6	.069	4.23	6.3
1928	4	.046	2.80	7.0
1929	2	.023	1.39	8.1

A reference to the summary Table for the group will indicate at once the enormous influence of Diarrhœa in the past in the production of the total death-rates from the 7 principal Zymotic Diseases.

At the present moment Diarrhœa may be said to have disappeared as a fatal disease, although at the end of the 19th Century its ravages were as great as at any period of which we have record. In fact in the quinquennium 1896-1900 the Diarrhœa death-rate reached its highest recorded point.

The various factors responsible for this remarkable change have been referred to very frequently in these Reports, but I may be excused if once more I emphasise the paramount influence of the disappearance of the privy midden, the diminution in the number of horses, the effect of educational propaganda with reference to infancy, attention to the cleanliness of foodstuffs and utensils, the use of dried milks, and so on.

But I think that possibly not enough attention has been given to the vast improvement that has taken place in the cleanliness of the milk supply. Locally we are very fortunate in that the Suffolk farmers have taken up the matter with enthusiasm and with such pronounced success that the County can claim to have produced the cleanest milk in the Country. This has, I think, a very definite relationship to the Diarrhœa of Infancy, and it is in the highest degree satisfactory to be able to suggest that the improved cleanliness of the local milk supply is definitely related to our present position.

ILL-DEFINED FEVERS.

The Table already given deals with deaths which can be referred with a degree of accuracy to one or other of the seven diseases included in the group under consideration, but a very serious mistake would be made if this were accepted as the whole story.

In illustration of this I give a Table showing in terms of decennia and quinquennia the numbers of deaths from, and the corresponding death-rates for, a large number of Fevers grouped under the comprehensive heading of "Ill-Defined Fevers." It will be noted that this group disappears entirely about 1900.

Periods.	Deaths from Ill-Defined Fevers.					
	Males.		Females.		Persons.	
	No.	Rates.	No.	Rates.	No.	Rates.
1841—1850	58	.42	65	.42	123	.42
1851—1860	85	.51	98	.52	183	.51
1861—1870	60	.31	72	.33	132	.32
1871—1880	21	.09	21	.08	42	.09
1881—1890	8	.03	9	.03	17	.03
1891—1900	6	.02	6	.01	12	.02
1841—1845	16	.25	21	.29	37	.27
1846—1850	42	.57	44	.53	86	.55
1851—1855	37	.46	46	.50	83	.48
1856—1860	48	.56	52	.53	100	.54
1861—1865	32	.35	40	.38	72	.36
1866—1870	28	.28	32	.28	60	.28
1871—1875	16	.15	13	.10	29	.12
1876—1880	5	.04	8	.06	13	.05
1881—1885	4	.03	6	.04	10	.03
1886—1890	4	.03	3	.02	7	.02
1891—1895	5	.03	4	.02	9	.03
1896—1900	1	.00	2	.01	3	.00

The various Fevers comprised in this particular group include Gastric Fever, Bilious Fever, Continued Fever, Intermittent and Remittent Fevers, Nervous Fevers, etc., etc.

It will be noted that by far the heaviest incidence of this group fell on the thirty years 1841-1870, a time during which the complete and accurate (more or less) differentiation of the various Fevers had not yet been achieved, at any rate so far as to have come within the personal knowledge of the whole of the members of the Medical Profession. This applies with particular force to Typhoid Fever, and there is no doubt that a large number of these cases really belong to the Typhoid group. A glance at the Enteric Fever Table will show ample statistical evidence for this view.

Whatever view be taken as to the precise nature of the diseases included in the group, the facts remain that the group itself has disappeared for over 30 years, and that all the disease groups which can be made to include this particular one have shown remarkable diminution in their mortality experience.

INFLUENZA.

34 deaths, 14 males and 20 females, were ascribed to Influenza in 1929, as compared with 8 in 1928, 58 in 1927, 19 in 1926, and 108 in the 5 years 1921-1925.

Thus 1929 was an Influenza year.

Period.	Males.		Females.		Persons.	
	No.	Death-rates.	No.	Death-rates.	No.	Death-rates.
1841—1850	10	.073	13	.084	23	.079
1851—1860	3	.018	3	.016	6	.017
1861—1870	4	.020	1	.004	5	.012
1871—1880	—	—	2	.008	2	.004
1881—1890	1	.004	4	.014	5	.009
1891—1900	121	.418	143	.433	264	.425
1901—1910	79	.239	82	.221	161	.229
1911—1920	171	.472	204	.506	375	.490
1921—1925	40	.208	68	.314	108	.264
1926	10	.251	9	.203	19	.225
1927	28	.691	30	.646	58	.674
1928	5	.123	3	.066	8	.093
1929	14	.346	20	.440	34	.396

Influenza is one of the greatest scourges of modern times. Directly, but much more indirectly, Influenza is responsible for a large amount of invalidism, physical and mental, amongst the population.

The difficulties with Influenza are (1) that unlike other infections, such as Scarlet Fever, the immunity afforded by attack is not life-long, but on the contrary extremely short, so that the same people suffer from repeated attacks; and (2) that the infection is harboured in the nasopharynx, and this, together with the conditions of modern life and the speed and intimacy of transport render the spread of infection extremely rapid and quite uncontrollable.

DEATHS FROM TUBERCULOSIS.

80 deaths were referred to Tuberculosis in 1929, as compared with 89, 90 and 69 in the previous years and an average of 88.4 for the 5 years 1921-1925.

66 of the deaths (30 males and 36 females) were ascribed to the Pulmonary variety, and 14 (7 males and 7 females) to all the other forms of Tuberculous diseases.

The Tuberculosis mortality experience of Ipswich is set forth in the following Table:—

Periods	Death-Rates from Tuberculosis.								
	Pulmonary T.B.			All Others.			All Forms		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
1841—1850	3.52	3.60	3.57	.36	.35	.35	3.88	3.96	3.92
1851—1860	2.72	3.08	2.91	.54	.42	.47	3.27	3.50	3.39
1861—1870	2.76	2.85	2.83	.55	.34	.44	3.31	3.19	3.28
1871—1880	2.74	2.44	2.57	.47	.47	.47	3.21	2.92	3.05
1881—1890	2.18	1.98	2.07	.61	.59	.60	2.79	2.57	2.67
1891—1900	1.99	1.54	1.74	.43	.41	.42	2.43	1.98	2.17
1901—1910	1.73	1.23	1.46	.38	.34	.36	2.12	1.57	1.82
1911—1920	1.34	1.07	1.20	.35	.27	.31	1.69	1.35	1.50
1841—1845	3.87	4.02	3.95	.09	.15	.12	3.96	4.17	4.07
1846—1850	3.22	3.25	3.24	.59	.53	.56	3.81	3.78	3.80
1851—1855	3.10	3.29	3.20	.63	.42	.52	3.73	3.71	3.72
1856—1860	2.36	2.89	2.64	.47	.42	.44	2.83	3.31	3.08
1861—1865	2.52	3.07	2.81	.51	.29	.40	3.03	3.36	3.21
1866—1870	3.10	2.65	2.86	.62	.39	.49	3.72	3.04	3.35
1871—1875	2.80	2.63	2.71	.47	.51	.49	3.27	3.14	3.20
1876—1880	2.67	2.27	2.46	.48	.43	.45	3.15	2.70	2.91
1881—1885	2.37	2.15	2.25	.63	.63	.63	3.00	2.78	2.88
1886—1890	2.00	1.82	1.90	.59	.56	.57	2.59	2.38	2.47
1891—1895	2.11	1.69	1.90	.43	.34	.38	2.54	2.03	2.28
1896—1900	1.86	1.38	1.60	.44	.48	.46	2.30	1.86	2.06
1901—1905	1.78	1.35	1.56	.34	.31	.32	2.12	1.66	1.88
1906—1910	1.69	1.10	1.39	.42	.37	.39	2.11	1.47	1.78
1911—1915	1.47	.98	1.21	.34	.24	.29	1.81	1.22	1.50
1916—1920	1.22	1.16	1.19	.35	.30	.33	1.57	1.46	1.52
1921—1925	1.08	.78	.92	.17	.14	.15	1.25	.92	1.07
1926	.68	.65	.66	.20	.11	.15	.88	.76	.82
1927	1.23	.55	.87	.17	.17	.17	1.40	.72	1.04
1928	.94	.61	.76	.22	.30	.26	1.16	.92	1.03
1929	.74	.79	.77	.17	.15	.16	.91	.94	.93

The facts shown in the Decennial portion have been set forth in previous Reports, but the Quinquennial Rates are new.

It is obvious from the latter that the Rates from 1841-1855 are excessive, particularly so in the case of the Pulmonary variety in females. Further, from 1841-1865 the female Pulmonary Tuberculosis death-rates exceeded the male, but since 1865 the male rate has consistently exceeded the female.

The fact is revealed that the Quinquennial death-rates from Pulmonary Tuberculosis recorded for both sexes show an unbroken sequence of decline from 1866-1870 to the present day. There is only one exception to the truth of this statement, and that is the break in the continuity of female decline recorded for the Quinquennium 1916-1920. This was a War aberration.

In the case of the Non-Pulmonary forms of Tuberculosis the rates are more regular in their sex relationship. The highest period for both sexes was from 1881-1890. Since that date there has been a definite decline, reaching its maximum in 1921-1925.

The rates recorded in the last 4 years are approximate, in view of the uncertainty of the population estimate, but it is unlikely that the 1931 Census will reveal variations so great as to disturb seriously the position established by the Table that Tuberculosis at the moment of writing is less fatal by far than at any previous period of which there is record.

The fact that the rates lose in accuracy the older they are does not invalidate the broad general conclusion that there is a substantial and real diminution in the death-rates from all forms of Tuberculosis.

There is evidence in the Table that the decline has accelerated in recent years. Thus if we compare the death-rates of persons from Pulmonary Tuberculosis in 1866-1870 with those of 1901-1905, a period of 40 years, we find a decline in the mortality experience of 83 per cent., whereas if we compare 1901-1905 and 1921-1925, a period of 25 years, the decline is equal to 69 per cent. In my opinion the local Tuberculosis scheme is one of the factors that has contributed to the acceleration

STANDARDIZED DEATH-RATES FROM TUBERCULOSIS (Persons).

Periods	Pulmonary Tuberculosis		All Forms	
	Ipswich	England & Wales	Ipswich	England & Wales
1841—1850	3.32	—	3.65	—
1851—1860	2.71	2.77	3.16	3.47
1861—1870	2.64	2.59	3.05	3.26
1871—1880	2.39	2.23	2.84	2.88
1881—1890	1.93	1.81	2.49	2.44
1891—1900	1.62	1.41	2.02	2.02
1901—1910	1.36	1.14	1.69	1.64
1911—1920	1.06	1.00	1.33	1.37
1841—1845	3.68	—	3.79	—
1846—1850	3.02	—	3.54	—
1851—1855	2.98	2.89	3.46	3.63
1856—1860	2.46	2.66	2.87	3.32
1861—1865	2.62	2.62	2.99	3.31
1866—1870	2.66	2.55	3.12	3.21
1871—1875	2.52	2.32	2.98	2.95
1876—1880	2.29	2.14	2.71	2.81
1881—1885	2.09	1.92	2.68	2.55
1886—1890	1.77	1.70	2.30	2.34
1891—1895	1.77	1.50	2.12	2.13
1896—1900	1.49	1.33	1.92	1.91
1901—1905	1.45	1.20	1.75	1.73
1906—1910	1.29	1.08	1.66	1.55
1911—1915	1.07	1.00	1.33	1.38
1916—1920	1.05	1.00	1.34	1.35
1921—1925	.81	.81	.95	1.06
1926	.58	.73	.72	.94
1927	.77	.74	.92	.95
1928	.67	.70	.91	.90
1929	.68	—	.82	—

This Table is inserted in order to give the true comparison between the local death-rates and those of England and Wales. It shows quite clearly that the Pulmonary rate is falling more rapidly in Ipswich than in England and Wales, since in 1921-1925 the two rates had become equal; since 1925 the Pulmonary rates for Ipswich have actually, on the average, fallen below those of the country as a whole.

TUBERCULOSIS.

Deaths from all forms of Tuberculosis during 1929 arranged according to age groups.

Age Periods.	Deaths						All Forms.		
	Pulmonary.			Other Forms.					
	M.	F.	P.	M.	F.	P.	M.	F.	P.
— 1	—	—	—	1	—	1	1	—	1
1— 5	—	—	—	1	2	3	1	2	3
5— 10	—	—	—	1	3	4	1	3	4
10—15	—	—	—	—	—	—	—	—	—
15—20	2	3	5	—	—	—	2	3	5
20—25	—	3	3	3	1	4	3	4	7
25—35	6	7	13	—	—	—	6	7	13
35—45	9	10	19	—	—	—	9	10	19
45—55	9	4	13	—	—	—	9	4	13
55—65	3	6	9	1	—	1	4	6	10
65—	1	3	4	—	1	1	1	4	5
Total	30	36	66	7	7	14	37	43	80

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action was taken.

PUBLIC HEALTH ACT, 1925, SECTION 62.

No action was taken.

CANCER.

136 deaths were ascribed to Cancer in 1929, as compared with 129, 116, 105, 143 and 118 in the five previous years. The deaths in 1929 were the highest yet recorded, with the single exception of the year 1925.

57 of the deaths recorded in 1929 were males and 79 females. The number of male deaths has been exceeded twice only, 1925 and 1924, and the female once, in 1928.

Period.	Numbers and Crude Death-rates.						Standardized Rates.	
	Males.		Females.		Persons.		Ipswich.	E. & W.
	No.	Rates.	No.	Rates.	No.	Rates.		
1841—1850	12	.08	50	.32	62	.21	.19	—
1851—1860	21	.12	80	.42	101	.28	.26	.32
1861—1870	47	.24	143	.66	190	.47	.44	.39
1871—1880	96	.43	193	.77	289	.61	.56	.48
1881—1890	115	.45	243	.84	358	.66	.61	.61
1891—1900	182	.62	299	.90	481	.77	.72	.76
1901—1910	290	.87	413	1.11	703	.99	.92	.86
1911—1920	399	1.10	562	1.39	961	1.25	1.11	.92
1841—1845	4	.06	24	.33	28	.20	.18	—
1846—1850	8	.11	26	.31	34	.22	.20	—
1851—1855	12	.15	43	.47	55	.32	.30	.32
1856—1860	9	.10	37	.38	46	.25	.23	.34
1861—1865	12	.13	77	.74	89	.45	.42	.38
1866—1870	35	.36	66	.59	101	.48	.44	.41
1871—1875	48	.46	103	.86	151	.67	.62	.46
1876—1880	48	.42	90	.69	138	.56	.52	.51
1881—1885	50	.41	117	.84	167	.63	.58	.56
1886—1890	65	.50	126	.84	191	.68	.63	.65
1891—1895	74	.53	145	.90	219	.73	.68	.72
1896—1900	108	.72	154	.90	262	.81	.75	.80
1901—1905	117	.73	164	.90	281	.82	.76	.84
1906—1910	173	1.01	249	1.31	422	1.17	1.09	.88
1911—1915	196	1.09	274	1.38	470	1.24	1.10	.93
1916—1920	203	1.11	288	1.40	491	1.26	1.11	.92
1921—1925	256	1.32	329	1.52	585	1.43	1.27	.97
1926	44	1.10	61	1.38	105	1.24	1.10	.99
1927	50	1.23	66	1.45	116	1.34	1.19	.99
1928	49	1.21	80	1.75	129	1.50	1.33	1.01
1929	57	1.41	79	1.73	136	1.58	1.40	—

The facts revealed in the decennial portion of this Table are amplified in a particularly striking manner in the Quinquennial portion which sheds

much light on the mode of progress of the statistical increase in the death-rates from Cancer.

Thus in the case of males, the death-rate, in comparison with the figures of the present day, was quite negligible from 1842-1865, and remained stationary. Between 1866 and 1870 the rate trebled itself and rose still further between 1871 and 1885. Between 1886 and 1895 there was a further appreciable increase, and one still more marked from 1896-1905. Then there was a sudden sharp rise in 1906-1910, followed by progressive increases to the present maximum.

In the case of females, the Cancer death-rate consistently and considerably exceeds the male, but the disparity between the sexes is diminishing owing to the greater rapidity of the increase in the male Cancer death-rate.

We may say that, although there was some increase in the female rate between 1841 and 1860, it was not considerable. Then there was a sharp rise in the period 1861-1865, followed by a considerable drop in the next five years, 1876-1880. Between 1881 and 1890 the female rate showed a considerable rise to a point which remained practically stationary. Between 1891-1905 the rate remained absolutely stationary, recording a small increase over previous experience. Then in 1906-1910 the female rate rose sharply in exactly the same way as the male rate, in exactly the same period. This rise has been maintained and increased to the present maximum.

It is difficult to account for those somewhat sudden variations in the Cancer death-rates, more especially in view of the nature of the Cancer process. Cancer is in the majority of cases a slow disease, and the older the person the slower the progress. Tuberculosis is a slow disease with the same age peculiarity. But there is no comparison between features of the statistical increase in Cancer and the statistical decline in the mortality from Tuberculosis.

Tuberculosis has declined on the whole slowly and steadily. Cancer, on the other hand, has been shown to make its statistical increase by leaps and bounds.

Cancer is a disease of the degenerative stage of human life. It is therefore inevitable that as a greater number of people survive to the Cancer ages, a greater number will suffer from Cancer. But, of course, if the incidence remains the same, then age for age, the death-rates will remain the same. The question of increases then depends upon the value to be attached to the statistical records over the whole period of years comprised in the series.

The value of Cancer statistics, like all other Medical statistics, depends upon one thing only, and that is diagnosis. Now it is a notorious fact that the diagnosis of Cancer in internal organs is, in many cases, even at the present day, in spite of all the advances that have been made in Medical knowledge and in the technical equipment for the examination

of remote parts of the body, still a matter of difficulty. If this be true, and no knowledgeable person will dispute its accuracy, how then can the earlier statistics afford anything like a comparative basis, when all the adjuncts of diagnosis that are the commonplaces of to-day were not only not in use, but undreamt of?

I have repeatedly stated in these Reports the view that the increase in Cancer is largely statistical. The real increase is in accuracy of diagnosis. Light is shed on this matter by consideration of the site distribution of cancer.

A comparison of the male Cancer death-rates with the female provides the following Table, in which is shown in terms of Decennia and Quinquennia the number of male Cancer deaths per 1,000 female for each period since 1841.

Period.	Male Deaths per 1,000 Female.	
	Decennial.	Quinquennial.
1841—1845		182
1846—1850	250	355
1851—1855		319
1856—1860	285	263
1861—1865		176
1866—1870	363	610
1871—1875		535
1876—1880	558	608
1881—1885		488
1886—1890	535	595
1891—1895		588
1896—1900	688	800
1901—1905		811
1906—1910	784	771
1911—1915		790
1916—1920	791	793
1921—1925		868
1926		797
1927		848
1928		691
1929		815

SITES OF CANCER.

The most frequent sites of Cancer in 1929 were the Stomach and Intestines 24, each, Generative organs 17, Rectum 12, Breast and Liver 10 each. These sites accounted for 71.3 per cent. of the Cancers recorded during the year.

In the case of males, the most frequent sites were the Stomach 13, Intestines 7, Rectum 6, Generative system 5, and Oesophagus 4.

In females the chief sites were the Intestines 17, Generative system 12, Stomach 11, Breast 10, Liver 7, and Rectum 6.

Table showing the most frequent Cancer sites :—

	Stomach.			Intestines.			Rectum.			Liver.			Generative System.			Breast.	
	M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.
-1850	1	1	2	1		1				—		—		17	17	—	13
-1860	2	1	3		1	1	2		2	4	2	6		31	31	—	27
-1870	8	8	16	1		1	4	1	5	3	5	8	2	53	55	—	33
-1880	13	7	20	1	5	6	14	6	20	15	16	31	3	68	71	—	30
-1890	14	18	32	5	7	12	12	14	26	15	19	34	3	76	79	—	26
-1900	28	27	55	10	10	20	19	12	31	26	32	58	2	88	90	—	46
-1910	56	30	86	29	30	59	35	23	58	42	61	103	8	113	121	1	78
-1920	57	59	116	36	77	113	65	49	114	43	59	102	18	143	161	1	84
-1929	90	65	155	52	104	156	56	31	87	35	61	96	41	133	174	—	114

The Table shows at a glance the numbers of persons of each sex who have died from Cancers of the various sites included in the Table since 1841.

It is obvious at once that there have been substantial increases in each group, with particular emphasis on Intestinal Cancers. These it is worthy of note, are all ascribed to the Large Intestine, the Small Intestine apparently escaping.

In the case of the male Generative system the large increase recorded is due to Cancer of the Prostate. This condition, for practical purposes, was not recorded until the beginning of this century. Thus between 1841 and 1900 there was only one death ascribed to the Prostate, whereas between 1901-1910 there were 4, 1911-1920 12, and from 1921-1929 26.

Of late years there has been a slight decline in Cancers of the Rectum, and Cancers of the Liver also show some diminution. This is practically entirely due to more accurate statement of the original focus in the case of the Liver.

The rate of increase in Cancers of the Female Generative Organs also appears to have slowed down during the last few years.

AGE DISTRIBUTION OF THE DEATHS FROM CANCER.

I give the following Table showing certain particulars of the age distribution of the deaths from Cancer in Ipswich since 1891.

The figures are the total deaths at each age period for the three decennia concerned, together with those of the last 9 years.

Periods.	Under 45.			45—70.			Over 70.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
1891—1900	23	45	68	117	196	313	42	58	100
1901—1910	26	59	85	184	241	425	80	113	193
1911—1920	24	64	88	250	308	558	125	190	315
1921—1929	32	58	90	270	337	607	154	220	374

Thus it appears that within the period comprised in the Table the deaths of persons over 70 from Cancer have quadrupled, of persons from 45-70 doubled, and there has been some increase under the age of 45.

Translated into rates per 1,000 of the population at these ages, there is no local evidence of increase in the Cancer death-rates under 40 years of age, but there is an increase between 40 and 45, particularly in the case of males.

The heaviest male cancer mortality at the present moment falls on the period between 65 and 80, and the rates at these ages are more than doubled.

In the case of females the highest mortalities occur between 70 and 85, and the rates recorded at these ages show large increases of late years.

DEATHS FROM DISEASES OF THE RESPIRATORY SYSTEM.

156 deaths were ascribed to diseases of the Respiratory System in 1929, as compared with 156 in 1928, 203 in 1927, 152 in 1926, and an average of 148 for the 5 years 1921-1925.

The following Table shows the death-rates from Respiratory Diseases since 1841-1850 :—

Period.	Respiratory Death rates per 1,000 living.		
	Males.	Females.	Persons.
1841-1850	3.68	3.06	3.35
1851-1860	3.84	2.96	3.37
1861-1870	3.67	3.05	3.37
1871-1880	3.81	3.03	3.39
1881-1890	3.65	2.78	3.19
1891-1900	3.67	2.77	3.18
1901-1910	2.38	2.13	2.24
1911-1920	2.35	2.03	2.18
1921-1925	1.80	1.81	1.80
1926	1.84	1.77	1.80
1927	2.05	2.63	2.36
1928	2.27	1.40	1.81
1929	1.85	1.78	1.81

Of the deaths 88 (32 males, 56 females) were ascribed to Bronchitis, 51 (31 males, 20 females) to Pneumonia, and 17 (12 males, 5 females) to all other forms of Respiratory Disease.

Bronchitis occupies a high position as a cause of death. It is fatal to the old, particularly old women. It is frequently associated with Heart Diseases, particularly the degenerative types.

Pneumonia, on the contrary, is more often fatal to young people, and causes more deaths amongst males than females.

In accordance with the invariable rule, Respiratory mortality was heaviest in the early part of the year. The highest mortality was recorded in March, then February and January. Mortality in these three months accounted for considerably more than one half of the total Respiratory deaths during the year.

Month	1901-1910.	1911-1920.	1921-1926.	1927	1928.	1929.
Jan	4.28	3.34	3.75	5.77	3.02	2.33
Feb	3.66	4.52	3.39	7.04	3.23	4.40
Mar.	3.31	3.55	2.51	2.88	4.39	5.77
Apl	2.53	3.06	2.42	1.56	2.98	1.70
May	1.90	1.69	1.04	2.06	.82	1.09
June	1.30	1.13	.86	.99	.85	.14
July	1.14	.89	.64	.68	.55	.82
Aug	1.09	.78	.69	1.23	1.09	.82
Sep	.97	.98	.74	.71	.56	1.13
Oct	1.46	1.28	1.07	.82	1.09	.96
Nov	2.41	2.58	1.90	1.70	1.13	1.84
Dec	3.09	2.63	2.79	3.02	2.06	.82

In consequence of the uncertainty of the population estimate, the age distribution of the death-rates from Respiratory diseases is omitted from this Report.

DISEASES OF THE HEART.

At the present day diseases of the Heart head the list of the causes of death, not because these diseases have increased, but because of more accurate certification and classification of the causes of death.

157 deaths (71 males, 86 females) were ascribed to the various diseases of the Heart in 1929, as compared with 144 (57 males, 87 females) in the previous year, 129 in 1927, 102 in 1926, and 117 in 1925.

Diseases of the Heart accounted for 14.9 per cent. of all the deaths registered during the year. This is the highest proportion yet recorded.

The death-rate, 1.83 per 1,000 living, was the highest recorded, the nearest approach being in 1915. In view of the uncertainty of the population estimate I do not labour this point.

It is sufficient to state that Heart Diseases, principally degeneration forms, are now receiving more adequate appreciation of their lethal value from the Medical Profession. Senile Heart Diseases are bound to bulk more and more in death returns, with the consequence that Senile Decay will diminish.

DEATHS FROM CEREBRAL HÆMORRHAGE, CEREBRAL EMBOLISM AND CEREBRAL THROMBOSIS.

75 deaths were referred to this group in 1929, as compared with 66 in the previous year, and an average of 66 for the years 1921-1927 inclusive.

The group was responsible for 7.1 per cent. of the deaths from all causes at all ages in 1929, as compared with 6.8 per cent. in the previous year.

The mortality rate was equal to .87 per 1,000 living, as compared with .76 in the previous year. These figures are of course mere approximations.

I give a Table showing the numbers of deaths referred to these Diseases for each year since 1921. The sex distribution is omitted on this occasion because, so far, the figures do not indicate a sex preponderance.

Year.	Cerebral Hemorrhage.	Cerebral Embolism and Thrombosis.	Total
1921	56	8	64
1922	53	10	63
1923	47	6	53
1924	52	12	64
1925	52	8	60
1926	64	12	76
1927	64	16	80
1928	48	18	66
1929	66	9	75
TOTAL	502	99	701

This Table must be read with caution because it is not strictly comparable with those given in previous Reports, for the reason that the International List of 1912 now includes under the heading of Arterio Sclerosis the Cerebral lesions associated with that group of diseased conditions of the Arteries. This is a very right and proper position, and its extension will in time cause the practical disappearance of the Cerebral Hæmorrhage group, since no healthy blood vessel ever ruptures spontaneously.

This particular group is one of the most unhappy of the diseases of degeneration on account of its disastrous mental and physical results. It behoves all sufferers from Arterio Sclerosis to take note of the fact and order their lives accordingly.

VIOLENCE.

The death-rates from various forms of Violence, including Suicides, are tabulated as follows :—

Periods.	Death-rates per 1,000 living.		
	Males.	Females.	Persons.
1841—1850	.89	.25	.55
1851—1860	.88	.38	.61
1861—1870	.87	.26	.56
1871—1880	.76	.20	.47
1881—1890	.75	.23	.47
1891—1900	.78	.29	.52
1901—1910	.73	.29	.50
1911—1920	.73	.36	.54
1921—1925	.58	.26	.42
1926	.55	.44	.49
1927	.66	.22	.43
1928	.52	.28	.39
1929	.84	.39	.61

52 deaths (34 males and 18 females) were ascribed to Violence in 1929, as compared with 34, 37, 42, 29 and 38 respectively in the previous five years.

There was thus a substantial increase in the violence death-rate.

As usual the male deaths from violence far outnumbered the female.

10 of the deaths (5 males and 5 females) were due to suicide. This is equal to 19.2 per cent. of the total deaths from violence.

6 of the suicides were brought about by poisoning, 3 coal gas, 2 lysol and 1 nicotine.

Of the 42 deaths from violence not suicide, 16 were due to vehicular traffic. This is equal to 38.1 per cent. of the deaths from accidental violence. Of the 16, 9 were due to motor-cars, 3 to motor-cycles, 2 to ordinary bicycles, 1 to trolley 'buses, and 1 on the railway.

The motor-car figure is the highest yet recorded.

PUERPERAL MORTALITY.

4 women died in 1929 in giving birth to 1,438 infants, the equivalent of a mortality rate of 2.77 per 1,000 births. This figure is considerably below the average.

Of the deaths 3 were due to Puerperal Sepsis and 1 to Puerperal Convulsions.

I give the usual Table which explains itself. All the rates shown are per 1,000 births.

The average experience in Ipswich between 1841 and 1920 was that 4 women died for every 1,000 infants born.

Periods.	Puerperal Fever.	Puerperal Hæmorrhage.	Puerperal Convulsions	All other Conditions.	Total all causes.	
					No.	Rates.
1841—1850	1.81	.42	.53	1.71	42	4.47
1851—1860	1.00	.17	1.00	1.60	45	3.77
1861—1870	.90	.45	.52	1.51	45	3.38
1871—1880	1.53	.57	.25	1.72	64	4.07
1881—1890	2.16	.52	.41	1.41	77	4.50
1891—1900	1.57	.50	.22	1.92	75	4.21
1901—1910	.63	1.07	.63	1.44	71	3.77
1911—1920	1.39	.60	.97	1.33	71	4.29
1921	1.74	—	—	1.74	6	3.46
1922	.63	—	1.89	.63	5	3.15
1923	1.29	—	—	.64	3	1.93
1924	1.39	—	.69	.69	4	2.79
1925	2.81	.70	—	—	5	3.52
1926	1.94	.65	1.94	1.30	9	5.84
1927	2.11	1.41	.71	.71	7	4.94
1928	4.91	2.81	.70	—	12	8.42
1929	2.08	—	.69	—	4	2.77

The Table shows that during the last 4 years the average experience has been considerably higher.

The chief cause of death is Puerperal Sepsis.

I give the following Table brought up to date :—

PUEPERAL SEPSIS.

Periods	No. of Cases Notified.	No. of Deaths.	Case Mortality per cent.
1891—1900	39	28	71.8
1901—1910	26	12	46.1
1911—1920	54	23	42.6
1921—1929	117	27	23.1

The Table proves the case that notification of Puerperal Sepsis has in the past been little better than a pretence. No one could contend that Puerperal Septicæmia in this town has more than doubled during the last 9 years, or that there are three times as many cases now as there were in 1891-1900. The lesson to be learned from the Table is that severe cases only were notified in the past, hence the preposterous figures of case mortality per cent.

It is probable that the facilities for Hospital treatment now provided have been an inducement to Practitioners to notify, since ample accommodation is now available

At the same time the Puerperal Fever death-rate during the last 9 years was equal to 1.99 per 1,000 births, the highest rate recorded except that of the decennium 1881-1890.

In this relation it should be noted that there is definite ground for the statement that the Puerperal Fever death-rates recorded for past decennia, consistently understate the case, though not to the same degree as the notification rates.

INFANT MORTALITY.

The Infant Mortality rates recorded in Ipswich are set forth in the following Table, in which the local experience is compared with that of England and Wales since 1841.

DECENNIAL AND QUINQUENNIAL INFANT DEATHS.

Period.	No. of Deaths			Infant Death Rates.						Female
	Males.	Fmsl.	Infants	Males.		Females.		Infants.		Infant Deaths.
				Ips.	E.&W.	Ips.	E.&W.	Ips.	E.&W.	per 1,000 Males.
										Ipswich.
1841—1850	915	743	1,658	191	167	161	137	176	153	843
1851—1860	1,122	931	2,053	184	168	159	139	172	154	864
1861—1870	1,141	982	2,123	167	168	151	139	159	154	904
1871—1880	1,369	1,024	2,393	171	163	134	134	152	149	783
1881—1890	1,327	1,004	2,331	153	155	118	128	136	142	771
1891—1900	1,582	1,181	2,763	174	168	135	138	155	153	776
1901—1910	1,322	1,044	2,366	138	140	113	114	126	128	819
1911—1920	889	615	1,504	105	112	76	89	91	100	726
1841—1845	363	296	659	178	162	143	133	161	148	803
1846—1850	552	447	999	201	172	175	142	188	157	870
1851—1855	550	453	1,003	188	172	158	141	173	156	840
1856—1860	572	478	1,050	180	166	160	137	171	152	888
1861—1865	567	492	1,059	171	166	156	136	164	151	912
1866—1870	574	490	1,064	164	170	146	142	155	157	890
1871—1875	647	487	1,134	169	167	133	138	152	153	787
1876—1880	722	537	1,259	172	159	135	130	154	145	785
1881—1885	647	496	1,143	152	152	117	125	134	139	770
1886—1890	680	508	1,188	155	159	119	131	138	145	768
1891—1895	763	559	1,322	171	165	128	135	150	151	748
1896—1900	819	622	1,441	177	170	141	141	160	156	800
1901—1905	763	605	1,368	155	151	128	124	142	138	826
1906—1910	559	439	998	119	129	97	105	109	117	815
1911—1915	525	365	890	115	121	85	97	101	110	739
1916—1920	364	250	614	92	101	65	79	78	90	706
1921—1925	274	197	471	71	86	50	66	61	76	704
1901	189	131	320	194	166	141	136	168	151	693
1902	116	108	224	122	147	117	118	119	133	931
1903	155	116	271	158	145	119	118	138	132	748
1904	145	125	270	130	159	150	131	140	145	862
1905	158	125	283	154	141	134	115	145	128	791
1906	149	123	272	149	145	133	120	142	132	826
1907	108	85	193	113	130	94	104	104	118	787
1908	111	87	198	118	133	100	107	109	120	784
1909	93	69	162	103	120	76	97	95	109	742
1910	98	75	173	109	116	84	94	97	105	766
1911	99	82	181	107	142	96	117	102	130	828
1912	120	75	195	135	106	87	84	112	95	625
1913	109	65	174	119	120	74	96	96	108	596
1914	101	87	188	108	116	100	93	104	105	861
1915	96	56	152	117	123	70	96	94	110	583
1916	78	57	135	90	102	71	80	81	91	731
1917	71	48	119	107	108	73	85	90	96	676
1918	66	49	115	94	108	71	86	83	97	742
1919	59	41	100	89	100	58	78	70	89	695
1920	90	55	145	89	90	55	69	72	80	611
1921	70	58	128	83	93	65	72	74	83	829
1922	38	47	85	49	87	58	66	54	77	1,237
1923	52	27	79	66	78	35	60	51	69	519
1924	49	26	75	67	85	37	65	52	75	531
1925	65	39	104	93	84	54	66	73	75	600
1926	46	24	70	59	79	31	61	45	70	522
1927	51	41	92	69	79	59	60	65	70	804
1928	46	23	69	59	74	35	56	48	65	500
1929	44	32	76	60	—	44	—	52	74	727

AGE DISTRIBUTION OF INFANT DEATHS, 1929.

1929	DAYS.							WEEKS.				MONTHS.												1 YEAR																							
	1		2		3		4		5		6		7		1		2		3		4		5		6		7		8		9		10		11		12										
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	P								
Whooping Cough...																					3																				5	5					
Diarrhœa—2 ...																		1						1																1	1	2					
Anterior Polium...																																									1	1					
Cerebral Thrombosis ...																																									1	1					
Convulsions ...														1																											1	1					
Bronchitis ...															1								1																			2	3	5			
Pneumonia ...																			1	1		2																			6	2	8				
Acute Gastritis																																										1	1				
Congen. Malformts....																																												6	3	9	
A.D.M. ...	2		1	1											1	3	2																											8	5	13	
Prematurity ...	6	2	1	3	1		2	2							1	2	10	10	1	1	1																							12	12	24	
O.D. Early Infancy...																																												1	1	2	
Violence ...																																												3	3		
All Others ...																																												1	1		
	8	2	2	4	3	1	2	3	1	—	1	1	1	3	18	14	2	1	5	1	1	1	26	17	1	6	4	1	4	3	2	—	1	—	1	2	—	2	1	1	—	2	2	—	44	32	76
	10	6	4	5	1	2	4								32	3	6	2					43	7	5	7	2	1	3	—	3	1	4	—													

Thus the Infant death-rate of 1929 was one of the lowest recorded in the 89 years comprised in the series. It was only beaten in 1928, 1926 and 1923.

So far as this particular Table is concerned there was nothing in 1929 of outstanding importance.

The causes of Infant deaths in 1929 are set forth in the annexed Table :—

Causes of Death	1891— 1895.	1896— 1900	1901— 1905.	1906— 1910.	1911— 1915.	1916— 1920.	1921— 1925.	1926— 1928.	1929.
7 Principal Zymotics ...	33.5	52.3	26.2	20.9	19.7	8.6	8.0	6.1	4.86
Other Infectious Diseases...	4.4	2.4	1.7	4.2	4.2	3.6	2.4	2.3	.69
Tuberculosis ...	3.8	3.8	3.0	3.3	2.3	2.9	.8	.9	.69
Other General Diseases ...	.8	.2	.5	.6	.6	.5	.5	.2	—
Diseases of Nervous System	12.3	10.6	10.2	7.8	5.8	4.9	3.5	1.6	.69
" " Circulatory ..	.1		.1		.1	.1		.2	—
" " Respiratory ..	26.1	24.1	22.2	16.0	18.4	15.3	11.5	10.0	9.04
" " Digestive ..	1.1	1.3	.2	1.7	2.2	2.3	1.2	1.1	.69
" " Genito Urinary System	.1	.2	.3	.3	.1	.2		.2	—
" " Skin & Cellular Tissue	.8	1.4	1.3	.4	.7	.2	.4	.2	—
Congenital Malformations	2.8	1.7	2.6	3.1	4.7	4.0	4.6	5.5	6.26
Prematurity, Atrophy, etc.	61.5	56.8	68.6	46.8	40.3	33.0	26.1	23.1	27.12
Violence ...	1.5	2.9	3.0	2.1	1.9	2.7	1.9	.7	2.08
All Others ...	1.5	2.1	.7	1.2	.6	.3			.69
TOTAL ..	150	160	142	109	101	78	61	52	52

The Table exhibits the usual features of a modern infant mortality table. It shows that the great causes of infant death are Premature Birth, Marasmus or Wasting, Congenital Malformations, and other diseases of Early Infancy. This group accounted for 48 of the infant deaths during the year, or 63 per cent. of the total.

Next in importance came Pneumonia and Bronchitis, which caused 13 deaths, or 17 per cent. of the total.

Lastly, the group of Zymotic diseases accounted for only 7 deaths (2 of these from Diarrhœa), or 9 per cent. of the total.

These three groups included practically 90 per cent. of all the infant deaths.

The age distribution of the Infant deaths in 1929, together with their causes, are set forth in the annexed Table.

It is worthy of very special note that 38 of the 43 deaths under one month were ascribed to the Prematurity, Marasmus, etc., group, and that the influence of this group, for practical purposes, did not extend beyond the third month.

The position to-day is, therefore, that the main problem confronting us is the question as to whether it is possible to improve the chances of survival of the premature and the marasmic infant. The answer to this question is that the real issue is the prevention of both, and the solution of this problem depends upon the correct interpretation of the causation of stillbirths which can be regarded as an extension of the mortality from prematurity, and upon the elucidation of the true meaning of Debility, Marasmus, etc., as applied to infants.

Closely and inevitably bound up with this is the question of Midwifery practice.

It does not require much knowledge to connect some of the enormous mortality of the first day and week of life with the act of Birth itself, and it does not require any great extension of thought to connect much of this definitely and finally with the conduct of midwifery practice.

I reproduce the Table showing the age distribution of the Infant deaths under one year brought up to date :—

AGE DISTRIBUTION OF THE INFANT DEATH-RATES UNDER 1 YEAR.

Quinquennia.	—1 Week.			—1 Month.			1—3 Months.			3—6 Months.			6—9 Months.			9—12 Months.			—1 Year.		
	M.	F.	I.	M.	F.	I.	M.	F.	I.	M.	F.	I.	M.	F.	I.	M.	F.	I.	M.	F.	I.
1891—1895	29.47	21.06	25.17	50.00	35.72	42.92	88.43	61.07	74.92	35.32	27.19	30.51	26.32	20.28	23.33	21.60	20.28	20.95	171	128	150
1896—1900	25.80	20.04	23.00	44.88	35.08	40.11	80.66	66.74	73.88	40.33	30.06	35.33	30.57	28.47	29.5	26.01	16.40	21.44	177	141	160
1901—1905	30.20	27.54	28.90	54.49	45.56	50.11	85.31	70.56	78.09	30.20	22.03	26.20	23.06	17.37	20.27	17.14	18.22	17.67	155	128	142
1906—1910	30.72	17.58	24.29	47.57	32.27	40.08	73.39	52.08	62.96	17.28	17.36	17.32	16.64	14.46	15.57	11.94	13.80	12.85	119	97	109
1911—1915	30.12	22.00	26.16	45.52	33.48	39.74	69.40	48.00	58.95	16.29	13.81	15.08	18.07	12.17	15.19	13.39	11.47	12.45	117	85	101
1916—1920	21.49	17.48	19.52	36.41	28.97	32.74	54.36	43.33	48.96	14.66	8.09	11.43	11.88	8.09	10.01	11.12	5.74	8.47	92	65	78
1921—1925	25.33	17.25	21.26	35.24	25.75	30.47	52.22	34.00	43.05	7.05	5.92	6.48	6.01	5.40	5.70	6.26	5.40	5.83	71	50	61
1926	24.45	6.55	15.58	33.46	18.34	26.00	43.75	24.90	34.41	5.14	2.62	3.89	6.43	2.62	4.54	3.86	1.31	2.60	59	31	45
1927	28.80	18.92	24.01	38.41	27.65	33.19	45.26	33.48	39.54	10.97	8.73	9.88	4.11	10.19	7.06	9.60	7.27	8.47	69	59	65
1928	14.32	12.19	13.34	22.13	21.34	21.77	36.45	24.39	30.90	7.81	3.04	5.61	10.41	3.04	7.02	5.21	4.57	4.91	59	35	48
1929	24.82	19.63	22.25	35.86	23.84	29.90	42.76	33.66	38.24	9.65	4.20	6.95	4.13	4.20	4.17	4.13	2.80	3.47	60	44	52

The essential facts revealed in this Table are :—

1.—Infant mortality diminishes as the age of the infant increases. In other words, the nearer to the moment of birth the higher the death-rate. This fact must be viewed along with Ante-Natal mortality or stillbirth.

2.—The improvement in infant mortality began at the higher ages and gradually extended to the lower ages, but the degree of improvement at ages under 1 month is not to be compared with that at ages over 3 months.

3.—Nevertheless it is a fact that there is some improvement in the mortality rates under 1 week, a greater in that under 1 month, and a considerable change for the better under three months.

To the real student of infant mortality this particular Table is full of interest.

Reference has been made to the question of stillbirth as a part of infant mortality. Viewed from this angle the following Table is of interest :—

Year	Death-rates of Infants								
	Males			Females			Infants		
	Ante-Natal	Post Natal	Total	Ante-Natal	Post Natal	Total	Ante-Natal	Post Natal	Total
1928	47	59	106	34	35	69	41	48	89
1929	49	60	109	35	44	79	42	52	94

Thus the real infant mortality of these two years is almost doubled if the influence of stillbirth is taken into consideration as it should be. The prevention of death before birth is as much a concern of preventive medicine as the prevention of death after birth.

But of equal importance is the prevention of death or injury during birth; in other words, the improvement of the education of midwives in the practice of their profession. Along with this there is the question of the incompetent and uneducated handy woman. These women should not be allowed near a confinement on any pretext whatever. Their job is to look after the house and the children to the best of their ability, and they should be confined rigidly to it.

Lastly, it is of the greatest importance that the education of Medical Practitioners in the practice of midwifery should be brought to the highest possible pitch of perfection.

TWIN MORTALITY.

The death-rates of Twin infants are shown in the following Table :—

Year	No. of Twin Deaths under 1 year.			Twin Death-rates under 1 year per 1,000 Twin Births.		
	Male.	Female.	Infants.	Male.	Female.	Infants.
1921	2	8	10	117	615	333
1922	4	3	7	286	136	194
1923	4	1	5	210	83	161
1924	8	4	12	400	266	343
1925	14	6	20	500	250	384
1926	2	3	5	143	231	185
1927	7	7	14	368	437	388
1928	4	2	6	307	286	300
1929	1	2	3	166	125	136
TOTAL ...	46	36	82	306	261	284

In this Table the female mortality ratio is 853 per 1,000 male deaths.

If the Twin stillbirths be added to these mortality figures we get this result :—

Year	Ante-Natal Deaths.			Post-Natal Deaths.			Total Deaths.		
	Male.	Female.	Infants.	Male.	Female.	Infants.	Male.	Female.	Infants.
1921	2	8	10	1	1	2	3	9	12
1922	4	3	7	2	2	4	6	5	11
1923	4	1	5		1	1	4	2	6
1924	8	4	12	2	3	5	10	7	17
1925	14	6	20	1	1	2	15	7	22
1926	2	3	5	5	2	7	7	5	12
1927	7	7	14	2	1	3	9	8	17
1928	4	2	6	2		2	6	2	8
1929	1	2	3	7	1	8	8	3	11
TOTAL ...	46	36	82	22	12	34	68	48	116

From this emerges the following Table showing the actual mortality experience (Stillbirths and Post-Natal) of Twins :—

Year.	Death-rates per 1,000 potential		
	Males.	Females.	Infants.
1921	166	643	375
1922	375	208	275
1923	210	154	187
1924	454	388	425
1925	517	280	407
1926	368	333	353
1927	428	470	447
1928	400	275	363
1929	615	176	366
TOTAL ...	395	320	360

The mortality experience of twin infants as compared with that of other groups of infants is shown thus :—

Year.	Mortalities per 1,000 Births.				
	Twins.	Single Infants.	Legitimate Infants.	Illegitimate Infants.	All Infants.
1921	333	69	71	117	74
1922	194	50	51	102	53
1923	161	48	49	82	51
1924	343	45	55	—	52
1925	384	63	72	92	73
1926	185	43	45	52	45
1927	388	56	62	113	65
1928	300	45	46	95	48
1929	136	52	55	91	52
Nett	284	53	56	86	57

The mortality of twins is further shown in the following Table. In this are given the number of stillbirths and the number of twin deaths under 1 year and the corresponding death-rate in terms of ratios per 1,000 *potential lives*. The figures are the totals for the years 1921-1929 inclusive.

	Ante-Natal.			Post-Natal.			Combined.		
	M.	F.	Infants.	M.	F.	Infants.	M.	F.	Infants.
No. of Twin Deaths	22	12	34	46	36	82	68	48	116
Twin Death-rates	128	80	105	267	240	255	395	320	360

From this it appears that more than one-third of the twin potential lives are lost either before birth or within 1 year after.

It is seen that Post-Natal mortality is double that of the Ante-Natal in the case of males, and three times in that of females. For infants the Post-Natal mortality is $2\frac{1}{2}$ times that of the Ante-Natal. The female mortality is at the rate of 810 per 1,000 male deaths.

The sex mortality of twins is shown in the following Table :—

Classes.	No. of Infants born alive.	No. of deaths under 1 year.	Death-rate per 1,000 Births.	No. of cases in which both infants died.
Twin Boys	101	34	336	8
Twin Girls	89	24	269	10
Mixed Twins	98	24	244	9
TOTAL	288	82	284	27

Of the mixed twins 12 were of each sex.

Thus twins of the same sex seem more liable to death than mixed twins.

STILLBIRTHS.

69 Stillbirths (40 males and 29 females) were registered in Ipswich in 1929, as compared with 61 in 1928 and 27 in the last six months of 1927.

Since the existing Regulations came into force the number and sex of the stillbirths has been as follows. The proportions are percentages for each sex and for infants for each year :—

Year	Males		Females		Infants	
	No.	%	No.	%	No.	%
1927	18	4.5	9	2.6	27	3.6
1928	38	4.8	23	3.4	61	4.1
1929	40	5.3	29	3.9	69	4.6
TOTALS	96	4.95	61	3.51	157	4.27

The percentages in this Table are calculated on potential lives.

The numbers are limited of course, but it is suggestive that each period shows a progressive increase for both sexes.

The liability of males to death before birth is not as marked as afterwards, and it is worthy of special note that the ratio of female to male stillbirths is as 709 to 1,000, as compared with an average of 705 for the 10 years 1916-1925 in the case of living infants.

The numbers are too small to permit of deductions, but they invite speculation.

The Table shows that the average Pre-natal mortality rates per 1,000 potential lives were 49.5 for males, 35.1 for females, and 42.7 for infants. These rates have to be added to the recorded infant mortality rates for live births to give the true infant mortality rates.

The stillbirth experience of twins, single infants, illegitimate infants and all infants is shown in the following Table.

The figures for Twins refer to the totals of the years 1921-1929, but those for the other infants refer only to the period since Registration of stillbirths has been in force. The comparison is, therefore, purely approximate. In spite of this it has its value.

	Males.	Females.	Infants.
Twin Infants	128	80	105
Single Infants	48	37	43
Illegitimate Infants	68	45	57
Legitimate Infants	48	34	42
All Infants	49	35	42

There are two outstanding suggestions in this Table :—

1.—It is obvious that multiple pregnancy is, in itself, a great cause of stillbirth, especially in the case of males.

2.—Illegitimacy would appear to have some influence in the production of stillbirth.

The figures concerned are, however, so small as to be of little value. Possibly this feature may be regarded as a probability in view of the special conditions of the pregnancy.

It is of interest that in both these cases the male excess mortality is particularly marked, especially in the case of twins.

The figures for the other infants explain themselves.

Some light on the cause of stillbirth is shed by the following summary :—

Prematurity was associated with 22 stillbirths, or one-third of the total recorded. Of these 9 were macerated. On the other hand, 47 stillbirths were full time, of which 5 only were macerated.

Thus prematurity was not only in very close association with stillbirth, but the tendency to death before the commencement of labour was out of all proportion as compared with full-time infants.

In the case of infants born at full time, stillbirth appears to be definitely associated with the act of birth itself, which suggests that disproportion between the size of the head of the infant and the bony parts of the mother may have a predominant influence upon the production of death during the act of birth.

3 stillbirths were ascribed to falls on the part of the mother, 1 to maternal shock, and 1 to general maternal ill-health.

2 stillbirths were associated with breach presentations and 1 with instrumental delivery.

1 was associated with Placenta Praevia, 1 with Ante Partum Haemorrhage, and 2 with Eclampsia.

INFECTIOUS DISEASES.

In the following Table the numbers and rates of notifications received in the six years 1921-6 are available for comparison with the corresponding figure for the years 1927, 1928, and 1929.

Diseases Notified	1921-1926.		1927.		1928.		1929	
	Num'b'r	Rates.	Num'b'r	Rates.	Num'b'r	Rates.	Num'b'r	Rates.
Chicken Pox ...	3262	6.62	579	6.73	615	7.15	749	8.73
Diphtheria ...	749	1.52	24	.28	110	1.28	192	2.23
Scarlet Fever ...	705	1.43	195	2.26	151	1.75	226	2.63
Pneumonia ...	638	1.29	137	1.59	127	1.47	83	.97
Erysipelas ...	142	.29	25	.29	18	.21	37	.43
Puerperal Fever ...	72	.15	5	.05	25	.29	13	.15
Puerperal Pyrexia	2	.004	5	.05	6	.07	12	.14
Ophthalmia								
Neonatorum ...	64	.13	9	.10	6	.07	7	.08
Enteric Fever ...	38	.08	6	.07	4	.04	3	.03
Malaria ...	21	.04	—	—	1	.01	—	—
Dysentery ...	2	.004	—	—	—	—	—	—
Encephalitis								
Lethargica ...	11	.02	4	.04	2	.02	1	.01
Anterior								
Poliomyelitis	8	.02	3	.03	1	.01	4	.05
Cerebro-Spinal								
Fever ...	9	.02	1	.01	3	.03	1	.01
Acute Polio								
Encephalitis ...	1	.002	—	—	1	.01	—	—
Small Pox ...	—	—	—	—	1	.01	—	—
TOTAL ...	5724	11.61	993	11.54	1071	12.46	1328	15.47

The chief features of interest are a considerable increase in the cases of Diphtheria, Scarlet Fever, Puerperal Pyrexia, and Erysipelas.

There was a marked increase in Chicken Pox.

SMALL POX.

There were no notifications of Small Pox in Ipswich in 1929.

This fortunate circumstance should not encourage a feeling of false security. The menace of Small Pox is no less than it was, and it is not very far away.

Ipswich will be fortunate indeed if it escapes in the long run.

SCARLET FEVER.

Periods.	Notifications.	
	Numbers.	Rates.
1891—1900	2,655	4.27
1901—1910	1,126	1.60
1911—1920	2,679	3.51
1921—1925	581	1.42
1921	73	.90
1922	126	1.55
1923	127	1.55
1924	125	1.51
1925	130	1.56
1926	124	1.47
1927	195	2.26
1928	151	1.75
1929	226	2.63

Scarlet Fever was thus more prevalent than for many years. The type was extremely mild. There was 1 death, a case mortality of 0.44 per cent.

DIPHTHERIA.

Periods.	Notifications.	
	Numbers.	Rates.
1891—1900	536	.86
1901—1910	791	1.12
1911—1920	1,774	2.32
1921—1925	736	1.80
1921	441	5.47
1922	146	1.79
1923	94	1.14
1924	20	.24
1925	35	.42
1926	13	.15
1927	24	.27
1928	110	1.28
1929	192	2.23

Diphtheria was more prevalent in 1929 than in any year since 1921.

The type of the disease, although on the whole not particularly severe, produced some cases of extreme severity, such as have not been seen in this part of the country for a long time.

Apart from these severe cases, there was excessive incidence of cardiac poisoning and an undue prevalence of the milder forms of Post Diphtheritic Paralysis.

Very prominent indeed during 1929 was the association of Diphtheria with Otitis Media and Mastoid Disease

The extreme importance of bearing this alliance in mind in Departments of Hospitals dealing with the Ear, Nose and Throat does not need emphasis.

11 cases proved fatal, a case mortality of 5.73 per cent. This is higher than of late years, but compares favourably with 7.1 per cent. in 1911-1920, 12.8 per cent. in 1901-1910, and 29.3 per cent. in 1891-1900.

ENTERIC FEVER.

Periods.	Notifications.	
	Numbers.	Rates.
1891—1900	938	1.51
1901—1910	485	.68
1911—1920	67	.10
1921—1925	34	.08
1921	5	.06
1922	3	.03
1923	4	.05
1924	3	.03
1925	19	.23
1926	4	.04
1927	6	.07
1928	4	.04
1929	3	.03

Thus the experience of recent years was repeated in 1929. For practical purposes Endemic Enteric Fever has disappeared.

There were no deaths in 1929.

ERYSIPELAS.

An unusual number of cases of Erysipelas were notified in 1929. There is no object in retaining this disease in the notification list.

PNEUMONIA.

The number of cases of Pneumonia notified in 1929 was 83, as compared with 127 in 1928 and 137 in 1927.

So far as notifications are concerned the Pneumonia rate continues to fall. This should not be read as evidence that Pneumonia is decreasing.

Notification has proved of value in securing Hospital treatment for cases of Pneumonia so situated as to be in need of the provision. To this extent the inclusion has justified itself, but so far as a true index of the real degree of prevalence of the disease is concerned the returns must be regarded as most misleading.

TUBERCULOSIS.

NOTIFICATIONS OF TUBERCULOSIS SINCE 1909.

Table A.

Number of cases notified.

Year.	Pulmonary.			Non-Pulmonary.			All Forms.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
1909	41	23	64	—	—	—	41	23	64
1910	29	15	44	—	—	—	29	15	44
Average	35	19	54	—	—	—	35	19	54
1911	75	57	132	—	—	—	75	57	132
1912	178	152	330	—	—	—	178	152	330
1913	112	88	200	58	52	110	170	140	310
1914	98	58	156	18	23	41	116	81	197
1915	60	56	116	18	20	38	78	76	154
1916	91	77	168	19	17	36	110	94	204
1917	77	78	155	18	12	30	95	90	185
1918	81	97	178	16	18	34	97	115	212
1919	82	82	164	26	39	65	108	121	229
1920	70	67	137	39	36	75	109	103	212
Average	92.4	81.2	173.6	21.2	21.7	42.9	113.6	102.9	216.5
1921	173	131	304	41	35	76	214	166	380
1922	90	65	155	23	21	44	113	86	199
1923	72	61	133	38	36	74	110	97	207
1924	72	69	141	24	28	52	96	97	193
1925	72	74	146	34	32	66	106	106	212
1926	55	68	123	41	35	76	96	103	199
1927	68	59	127	26	27	53	94	86	180
1928	72	69	141	20	24	44	92	93	185
1929	63	69	132	25	32	57	88	101	189
Average	81.9	73.9	155.8	30.2	30	60.2	112.1	103.9	216

These figures confirm the view that about 200 notifications of Tuberculosis may be expected annually, 140 Pulmonary and 60 of the other forms of the disease.

There is an appreciable diminution in the case of the Pulmonary variety.

NOTIFICATION RATES SINCE 1909.

Table B.

Year.	Pulmonary.			Non Pulmonary			All Forms.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
1909	1.19	.60	.88	—	—	—	1.19	.60	.88
1910	.83	.38	.59	—	—	—	.83	.38	.59
Average	1.01	.49	.73	—	—	—	1.01	.49	.73
1911	2.13	1.46	1.79	—	—	—	2.13	1.46	1.79
1912	5.00	3.85	4.54	—	—	—	5.00	3.85	4.54
1913	3.12	2.21	2.64	1.61	1.30	1.45	4.73	3.52	4.09
1914	2.70	1.44	2.04	.49	.57	.53	3.19	2.01	2.57
1915	1.64	1.38	1.51	.49	.49	.49	2.14	1.88	2.00
1916	2.50	1.90	2.20	.52	.41	.46	3.02	2.32	2.65
1917	2.11	1.92	2.01	.49	.29	.38	2.61	2.21	2.40
1918	2.22	2.38	2.30	.43	.44	.44	2.66	2.82	2.75
1919	2.24	2.00	2.11	.71	.95	.83	2.95	2.95	2.95
1920	1.89	1.61	1.74	1.05	.86	.95	2.94	2.48	2.70
Average	2.55	2.01	2.28	0.72	0.66	0.69	3.13	2.55	2.88
1921	4.59	3.08	3.79	1.08	.82	.94	5.67	3.90	4.74
1922	2.36	1.51	1.91	.60	.48	.50	2.96	2.00	2.45
1923	1.87	1.40	1.62	.98	.83	.90	2.86	2.24	2.53
1924	1.85	1.57	1.70	.61	.63	.62	2.48	2.21	2.33
1925	1.84	1.67	1.75	.87	.72	.79	2.76	2.36	2.55
1926	1.39	1.52	1.46	1.06	.76	.90	2.45	2.28	2.36
1927	1.68	1.29	1.47	.64	.59	.61	2.32	1.88	2.09
1928	1.78	1.51	1.64	.49	.52	.51	2.27	2.04	2.15
1929	1.58	1.54	1.56	.61	.70	.66	2.20	2.24	2.22
Average	2.10	1.67	1.88	.77	.67	.71	2.88	2.35	2.60

The unreliability of the population estimates renders the rates for the last year or two of doubtful value.

AGE AND SEX DISTRIBUTION OF THE NOTIFICATIONS OF TUBERCULOSIS, 1929.

Age.	Pulmonary.			All other forms.			Total 1929.			Total 1928
	M.	F.	T.	M.	F.	T.	M.	F.	T.	Persons.
— 1	—	—	—	1	—	1	1	—	1	2
1— 5	—	1	1	3	3	6	3	4	7	11
5—10	12	2	14	3	11	14	15	13	28	20
10—15	5	3	8	5	5	10	10	8	18	11
15—20	7	3	10	1	4	5	8	7	15	14
20—25	6	17	23	4	4	8	10	21	31	27
25—35	9	14	23	2	2	4	11	16	27	28
35—45	7	13	20	—	1	1	7	14	21	28
45—55	14	6	20	3	—	3	17	6	23	25
55—65	2	6	8	2	2	4	4	8	12	15
65+	1	4	5	1	—	1	2	4	6	4
	63	69	132	25	32	57	88	101	189	185

These figures again show no considerable variation from the average of recent years.

PRINCIPAL SITES OF TUBERCULOSIS.

The following Table shows the number of cases of the different varieties of Tuberculosis, notified during 1929, as compared with the corresponding figures of the eight preceding years :—

Situation of Disease.		Year.									
		1921	1922	1923	1924	1925	1926	1927	1928	1929	
Pulmonary	...	304	154	133	141	146	123	127	141	132	
Abdominal	...	6	5	10	8	9	12	7	11	4	
Cerebral	...	5	5	7	4	5	3	4	10	8	
General	...	1	1	1	—	—	—	—	1	1	
Bones and Joints	...	32	12	24	13	17	22	19	5	15	
Glands	...	16	11	17	16	26	32	18	10	23	
All other forms of T.B.	...	16	11	15	11	9	7	5	7	6	
TOTAL		...	380	199	207	193	212	199	180	185	189

The distribution in 1929 was thus quite close to the average.

TUBERCULOSIS SURVIVAL TABLE CORRECTED TO DECEMBER 31st, 1929.

The number of persons notified as suffering from the various forms of Tuberculosis and known to have survived on December 31st, 1929, are shown as follows :—

Sex.		Pulmonary.	Non-Pulmonary.	All Forms.
Males		621	272	893
Females		558	257	815
Persons	1929	1179	529	1708
	1928	1145	506	1651
	1927	1092	527	1619
	1926	1095	484	1579
	1925	1054	436	1490
	1924	1058	415	1473

The number of survivors is thus seen to be on the increase. This applies with particular force in the case of the Non-Pulmonary varieties, as would be expected.

Since the beginning of the notification of Tuberculosis there have been notified in Ipswich in the 20 years 1909-1928 inclusive, 3,114 cases of Pulmonary Tuberculosis. Of these 1,613, or 51.8 per cent., are known to be dead; 1,145, or 36.7 per cent., are known to be alive, and 356, or 11.4 per cent. have been lost sight of, of whom one half may, with reason, be supposed to be dead.

TUBERCULOSIS DISPENSARY.

The number of cases on the Dispensary Register (as distinct from the Notification Register) at December 31st, 1929, was 689.

This figure includes only those cases presenting themselves at the Dispensary during the last two years.

152 X-Ray examinations were carried out during 1929.

The Tuberculosis Officer paid 38 visits to the homes of patients, and in addition furnished to Practitioners 166 written reports upon patients sent to him for examination.

Year.	No. of Patients attending Dispensary.	No. of Visits paid by Patients.	No. of Visits to Homes by Nurse.
1921	529	2566	2435
1922	495	3091	2353
1923	525	2999	2492
1924	703	3249	2597
1925	591	3098	3231
1926	547	2823	3176
1927	587	2771	3194
1928	599	2289	3578
1929	605	1916	3079

Although the number of patients who attended during the year was higher than the average of the last eight years (572), the total of the visits is considerably smaller. This is due entirely to the fact that since April 1st, 1928, the Tuberculosis Pensioners have ceased to attend weekly.

INSTITUTIONAL TREATMENT OF TUBERCULOSIS.

During the year 160 patients were admitted to Institutions for the treatment of Tuberculosis, 127 were discharged and 20 died.

With regard to the cases discharged from Institutions, the following summary of the results of treatment is furnished by the Medical Superintendents :—

Condition at time of discharge.	No. of cases.			Total.
	Pulmonary.	Other Forms	Others.	
Quiescent or arrested ...	27	22	—	49
Improved	30	16	—	46
No Material Improvement	12	6	—	18
Observation only	—	—	14	14
TOTAL	69	44	14	127

TREATMENT OF CASES OF SURGICAL TUBERCULOSIS.

A.—EAST SUFFOLK AND IPSWICH HOSPITAL.

The following Table gives the number of Patients treated at the East Suffolk and Ipswich Hospital :—

Year.	Remaining from Previous Year.	Admitted.	Treated.	Discharged.	Deaths.	Remaining.
1925	12	44	56	45	3	8
1926	8	53	61	48	2	11
1927	11	29	40	36	2	2
1928	2	26	28	22	6	—
1929	—	21	21	19	1	1

The figures show a considerable diminution in the number of cases admitted to the Hospital and in the number treated. This is due to transfer to the Surgical Tuberculosis Ward at the Isolation Hospital.

B.—IPSWICH ISOLATION HOSPITAL.

Year.	Remaining from Previous Year.	Admitted.	Treated.	Discharged.	Deaths.	Remaining.
1925	—	10	10	3	—	7
1926	7	6	13	4	1	8
1927	8	30	38	17	1	20
1928	20	20	40	23	3	14
1929	14	35	49	26	4	19

The cases admitted during the year fell into the following groups :—

Bones and Joints	...	...	...	9
Abdominal	...	...	...	11
Glandular	...	...	...	10
All Others	...	...	...	5

The results of prolonged treatment continue to be good.

The situation of the Ward and its exposure are peculiarly adapted for the purpose to which it is now put. It is possible to combine treatment and Artificial Heliotherapy with the greatest ease and with definite advantage to the patients.

MATERNITY AND CHILD WELFARE.

The following is a Summary of the Home Visits since 1923 :—

HOME VISITS BY HEALTH VISITORS.

Year.	Expectant Mothers.	Children.		
		1	1-5	Total.
1923	14	2,062	2,452	4,514
1924	17	1,797	1,707	3,504
1925	8	1,618	2,001	3,619
1926	18	1,643	2,149	3,792
1927	6	1,477	2,094	3,571
1928	20	1,621	4,432	6,053
Average	14	1,703	2,472	4,175
1929	55	1,590	3,384	4,974

The fall in the number of Home Visits was due to the changes in staff which took place during the year.

Miss D. Hubert resigned in April and Miss E. J. Taylor in October. Miss F. M. Cross and Miss M. Springett were appointed to fill these vacancies.

In addition the Health Visitors paid visits under the following headings :—

To Midwives	...	...	...	...	56
„ Cases in which Midwives had summoned	Medical assistance	...	...	...	55
„ Cases notified as suffering from Puerperal	Fever or Ophthalmia Neonatorum	...	...	...	41
„ Still Births	...	...	...	...	77
„ Miscellaneous Visits...	...	...	...	...	739

960 visits were paid by members of the staff to homes in connection with fees relating to Medical assistance and the Maternity Home.

ACCOMMODATION.

The increased accommodation referred to in my last Annual Report was brought into use at the beginning of 1930, and is such as will allow for steady development of the Maternity and Child Welfare Service for several years.

On the ground floor are the Infant Clinic with Weighing Room, Doctors' Examination Room, Milk Foods and Record Office, Waiting Room, Lavatories, etc. Close by is the Artificial Sunlight Wing with Waiting Room, Dressing Cubicles, Light Room, Shower Baths, Lavatories, etc.

The Ante-Natal Clinic is situated upstairs, and is provided with a separate Entrance and Staircase, Waiting Room with Lavatory accommodation, three Dressing Cubicles, and an Examination Room. These rooms are properly furnished and equipped.

The accommodation provided is a credit to the town and testimony to the up-to-date policy of the Public Health Committee.

Anyone interested is invited to inspect the premises.

HOURS OF CLINICS.

In consequence of public demand it was found necessary to allocate more of the Assistant Medical Officer's (Dr. Doris E. P. Jolly) time to Maternity and Child Welfare and an extended Medical Service has now been provided as follows:—

Clinics for Mothers ...	Wednesday and Friday Afternoons at 2.30 p.m.
Clinics for Infants ... (at Elm Street)	Monday and Thursday Afternoons at 2.30 p.m.
Clinic for Infants ... (At Red Triangle Hut, Nacton Estate)	Tuesday Afternoon at 2.30 p.m.

In addition there are, of course, the usual Infant Clinics under the supervision of the Health Visitors.

INFANT WELFARE CENTRE.

A.—WORK OF MEDICAL OFFICER.

1.—ANTE AND POST NATAL CLINICS.

The following Table gives the numbers examined and the total examinations:—

Year.	Ante-Natal.			Post-Natal			Total Examinations.
	Cases Examined.	Re-exam- inations.	Total.	Cases Examined.	Re-exam- inations.	Total.	
1924	27	18	45	—	—	—	45
1925	61	65	126	—	—	10	136
1926	123	81	204	—	—	48	252
1927	206	71	277	52	43	95	372
1928	290	115	405	67	66	133	538
Average	141	70	211	—	—	—	268
1929	311	343	654	79	63	142	796

The most striking feature of this Table is the very considerable increase in the number of re-examinations in the Ante-Natal Group. It furnishes, in no uncertain fashion, proof of the popularity of this important service.

ANTE AND POST NATAL CLINICS.—DEFECTS FOUND.

Examinations carried out by Dr. D. E. P. Jolly revealed the following defects.—

Defect.	Ante-Natal.			Post Natal.
	Public Health Dept.	Maternity Home.	Total.	
Dental Caries ...	42	40	82	1
Varicose Veins ...	26	15	41	2
Gynaecological Disorders ...	23	7	30	20
Anæmia ...	10	1	11	8
Debility ...	5	1	6	9
Tuberculosis ...	—	1	1	—
Ophthalmic Disorders ...	3	—	3	—
Contracted Pelvis ...	2	4	6	—
Breast disorders ...	1	—	1	5
Skin Disorders ...	6	5	11	—
Hæmorrhoids ...	7	1	8	—
Cystitis ...	1	—	1	1
Neuralgia ...	2	—	2	1
Digestive Disorders ...	4	1	5	1
Eye Disorders ...	2	—	2	—
Gonorrhoea ...	—	—	—	1
Albuminuria ...	10	—	10	—
Heart Disease ...	2	2	4	—
Dyspepsia ...	15	1	16	1
Constipation ...	6	—	6	—
Oedema ...	3	—	3	—
Post maturity ...	1	—	1	—
Malpresentation ...	3	—	3	—
Threatened abortion ...	2	—	2	—
Disorders of lactation ...	—	—	—	3
Obs. T.B. ...	2	—	2	—
All others ...	29	3	32	4
TOTAL, ...	207	82	289	57

This Table of defects shows the prevalence of dental caries amongst expectant mothers—provision is being made for the treatment of this at the Clinic—but a considerable amount of prejudice will have to be overcome before the majority of the mothers will be willing to accept treatment during this period—though there is little doubt that the existence of a septic mouth adds to the risk of confinement.

10 cases of Albuminuria, one of the most important danger signals of pregnancy, were found during ante-natal examination in 1929, and immediately referred for treatment to the patient's own doctor. One of the four maternal deaths in the town in 1929 was due to Eclampsia, a condition usually preceded by Albuminuria, and frequently preventable if the latter is promptly treated.

Since the onset of the Albuminuria may be quite sudden and without other obvious symptoms of ill-health, the desirability of frequent re-examinations of the mothers becomes evident.

An analysis of the types of defect for which infants and young children were brought up for medical inspection and advice in 1929 shows that disorders of the alimentary system still occupy the first place—of these constipation, diarrhoea and vomiting are the commonest—all conditions, which, if correctly treated at the onset, usually yield to simple measures—neglected, lead to serious ill-health and frequently Marasmus in infants. In this connection it is interesting to note that the Marasmus and Malnutrition group of infantile disorders, which constituted the second largest group in 1925, has now receded to the fourth place, being outnumbered by disorders of the respiratory system and skin, many of the latter being of trifling nature.

There is evidence, too, that Rickets, although not a very prevalent disease in these parts, is definitely diminishing in incidence.

Whilst a study of the Tables of numbers attending for medical inspection reveals a fairly steady increase in all the age groups under 5 years, it nevertheless becomes apparent what a comparatively small number of children are brought for inspection after the age of 12 months, and that their visits steadily decrease as they advance in age. When it is realised that among 1,155 5-year-old children examined as entrants at Routine Medical Inspection in this town in 1929, 541 defects were noted, in addition to 239 dental defects, it is obvious that there is considerable scope for preventive work amongst the 2—5-year or "toddler" group, and that further time devoted to their needs would be well spent.

D. E. P. JOLLY.

EXAMINATION OF INFANTS BY MEDICAL OFFICER.

The infants examined by the Medical Officer during 1929 are classified in the following Table according to age groups:—

Age.	No. of Infants Examined.	No. of Re-Examinations.	Total for Year.	1928	Average three years, 1925—1927.
—1	565	1,185	1,750	1,283	1,285
—2	178	295	473	347	355
—3	104	173	277	221	155
—4	93	81	174	163	108
—5	42	79	121	94	91
Total	982	1,813	2,795	2,108	1,994

These again are very excellent figures, particularly so when the conditions under which the Clinic was run during the last half of the year are taken into consideration.

ARTIFICIAL LIGHT CLINIC.

The figures in the appended Table show the number of children who attended :—

Age.	No of Children Treated.	Number of Re-Visits	Total 1929.	1928.	1927.
— 1	12	64	76	23	214
— 2	21	104	125	235	315
— 3	14	93	107	225	179
— 4	19	165	184	205	211
— 5	9	131	140	170	203
Total	75	557	632	858	1,122
School Children	116	1,322	1,438	3,116	1,887
Grand Total ...	191	1,879	2,070	3,974	3,009

The figures given above, so far as 1929 is concerned, refer to six months only, as the Light Clinic closed down on July 13th (owing to the alterations) and did not reopen during the year.

The following Table shows the defects of the children referred to the Sunlight Clinic :—

Defect.	— 5 years.	+ 5 years.	Total.
Subnormal Nutrition ...	20	8	28
Pretubercular Debility ...	2	10	12
Enlarged Glands (Neck) ...	5	11	16
Rachitic & Prerachitic ...	7	1	8
Tuberculous Affections :—			
Cervical Glands ...	—	5	5
Abdominal ...	—	1	1
Bones & Joints ...	—	—	—
Lupus ...	—	—	—
Convalescence following			
Infectious Diseases ...	—	4	4
Catarrhal and Bronchial			
Infections ...	5	4	9
Anæmia and Debility ...	11	13	24
Unclassified ...	3	2	5
TOTAL ALL FORMS ...	53	59	112

WORK OF INFANT CLINIC.

The following is a summary of the visits paid to the Infant Welfare Centre since 1923 :—

Year.	Infants.	Children 1—5.	Total.
1923	7,406	3,098	10,504
1924	6,235	2,750	8,985
1925	6,335	2,652	8,987
1926	7,428	3,083	10,511
1927	7,076	3,206	10,282
1928	9,144	4,079	13,223
Average	7,271	3,144	10,415
1929	10,063	4,454	14,515

The figures for 1929 show a distinct increase, as compared with those of 1928, and a remarkable increase of 40 per cent. over the average figure for the five preceding years.

When this Table is examined in detail it is found that 1,205 infants under 1 year and 777 children over one and under 5 years were brought to the Clinic during the year, a very satisfactory proportion of the infant population of Ipswich.

The Branch Clinic at Nacton Estate is proving popular, although, in view of the development of the Gainsborough Estate, it is a question as to whether the Hut is in the most convenient position to serve both Estates.

125 infants were brought to this Branch Clinic during the year, and 1,724 attendances were recorded—an average of 34 per session.

Now that Dr. D. E. P. Jolly visits the Clinic the numbers may be expected to increase, and some more permanent and convenient accommodation will need to be provided.

ASSISTANCE SCHEMES IN CONNECTION WITH MATERNITY AND CHILD WELFARE.

The three main sections in the Scheme are (a) Milk and Milk Foods to expectant and nursing mothers and to infants; (b) provision of a bed in the Maternity Home at a reduced fee, and (c) help in the payment of the account of the Medical Practitioner called in by the midwife at confinement.

(a)—MILK, MILK FOODS DISTRIBUTED DURING 1929.

	No.	Pints of Milk.
(1) Mothers—Expectant	32	1,398
Nursing	110	8,604
Total ...	<u>142</u>	<u>10,002</u>
(2) Babies—Cow's Milk	34	1,772
Dried Milk	70	1,079 lbs., or 6,204
Total ...	<u>104</u>	<u>7,976</u>

The most marked variation from previous experience is the increase in the number of nursing mothers provided with milk.

(b) MATERNITY HOME FEES.

96 women out of a total of 167 were admitted to the Ipswich Maternity Home at reduced fees.

This represents 57 per cent. assisted patients, as compared with 62 per cent. in 1928.

The full fee is 9s. per day, but women were admitted at varying rates as under :—

8/- ... 2	6/- ... 26	4/6... 4	2/-... 2
7/- ... 15	5/6... 1	4/- ... 16	free 10
6/6... 3	5/- ... 16	3/- ... 2	

The same procedure was followed as in previous years, and any woman whose husband was unemployed at the time of her confinement was admitted free of cost.

The other charges are fixed in accordance with an income scale.

(c) DOCTORS' FEES.

The midwives found it necessary to call in medical assistance at 106 confinements, involving 112 requisitions (in 6 cases for both mother and child).

Accounts were received from Medical Practitioners in 78 of these cases.

The amount paid by the Local Authority was £90 9s., and in 46, or 59 per cent. of these cases, the fee has been settled in full, the amount recovered being £48 14s.

18, or 23 per cent., desired to pay by instalments, and the sum received to date totals £16 1s. 9d.

In 10 cases the fee due has been written off on account of poverty.

To date, therefore, 72 per cent. of the cost under this heading has been recovered.

It is worthy of note that these figures and percentages are almost identical with those of 1928.

IPSWICH MATERNITY HOME.

The Maternity Home maintained by the Ipswich Corporation is a block of eight beds on the premises of the Ipswich Nurses' Home in Lower Brook Street.

I append a Table which shows the admissions since the opening of the Home in July, 1918:—

Year.	Cases admitted from			Total No. of Days.	Average duration of stay.	Per cent. of Total Ipswich Births.
	IPSWICH.	Outside Areas.	Total.			
1918	9	—	9	—	—	—
1919	60	5	65	862	13.2	4.2
1920	84	13	97	1251	12.9	4.2
1921	77	15	92	1085	11.8	4.5
1922	60	10	70	812	11.6	3.8
1923	71	13	84	986	11.6	4.6
1924	63	10	73	808	11.0	4.4
1925	85	13	98	1040	10.8	6.1
1926	71	15	86	935	10.8	4.6
1927	87	15	102	1154	11.3	6.2
1928	114	27	141	1562	11.1	8.2
Average of 10 years	77.2	13.6	90.8	1049.5	11.6	5.08
1929	136	31	167	1803	10.8	9.6

The service which the Home renders is demonstrated admirably in this Table. The admissions in 1929 were greater than ever before, and no less than 84 per cent. above the average experience of the previous ten years.

Nearly one expectant mother in every ten now enters the Home for her confinement.

It has been found impossible to maintain this service satisfactorily without additional accommodation, and consequently building operations are about to commence. The enlarged Home will then contain 17 rooms, including two labour rooms, together with baths, lavatories, etc.

The facilities afforded will be such that no woman need hesitate or worry with regard to the arrangements for her confinement.

62 per cent. of the women were confined by the midwives at the Home—an average figure.

In 34 cases, or 33 per cent., medical assistance was sought, in 10 cases during labour, in 16 after labour, and in 8 for the infant.

No cases of Puerperal Fever, but three of Puerperal Pyrexia, were notified during the year.

There were no maternal deaths, but 4 infants died under 10 days.

Seven infants were stillborn.

Owing to the number of admissions and forward bookings in 1929 the question of additional permanent staff was carefully considered, and in June a second full-time midwife was appointed.

At times two midwives are found to be insufficient, and arrangements have been made with the Ipswich Nurses' Home for such temporary assistance as may be required.

MIDWIVES ACTS, 1902 & 1918.

The number of Midwives on the Local Roll at the close of 1929 was 17, and of these 8 were connected with the Nurses' Home, Lower Brook Street, and 2 with Burlington Road Nursing Home.

The Ipswich cases attended by the midwives amounted to 865, a figure which is made up as under:—

At Maternity Home	...	...	...	...	86
District Cases attended by Midwives from Ipswich Nurses' Home	...	...	...	...	188
Unattached or Outside Midwives (7)	...	...	...	...	591

The Table shows the number of cases in which the midwives required medical help:—

Year	Notifications received.			Percentage of Births attended by Midwives in which Medical Help is called in.
	On behalf of Mother.	On behalf of Child.	Total.	
Average 1921-1925	64	33	97	12.5%
1926	76	38	114	13.5
1927	64	37	101	13.0%
1928	78	21	99	12.1%
1929	73	39	112	12.2%

The percentage remains very constant.

The causes for which medical help was required are set forth as follows :—

	Average 1921-1925.	1926.	1927.	1928.	1929.
MOTHER :—					
Torn Perineum ...	16	22	18	20	19
Prolonged, Tedious or Difficult Labour ...	11	10	14	19	6
Faulty Presentations...	7	9	8	7	7
Impactions ...	4	6	5	3	3
Hæmorrhages ...	4	7	3	7	9
Puerperal Fever ...	2	4	—	5	6
Other Rise of Tem- perature ...	4	3	2	2	2
Adherent Placenta ...	3	1	2	6	4
Albuminuria ...	2	2	1	—	—
Phlebitis ...	1	2	2	1	3
Abortion ...	1	—	2	—	1
Contracted Pelvis ...	1	—	—	—	—
Eclampsia ...	1	—	—	—	3
Prolapse of Cord ...	1	1	—	1	—
Miscellaneous ...	6	9	7	7	10
TOTAL ...	64	76	64	78	73
CHILD :—					
Discharging Eyes ...	10	12	6	4	8
Debility, Feebleness, etc. ...	8	8	13	6	12
Prematurity ...	6	6	5	1	4
Malformations ...	2	6	6	3	4
Convulsions and Fits	2	—	2	—	—
Suffocation ...	1	—	—	1	—
Hæmorrhages (various)	—	—	—	—	4
Miscellaneous ...	3	6	5	6	7
TOTAL ...	32	38	37	21	39

OPHTHALMIC NEONATORUM.

7 cases were notified in 1929, as compared with 7 in the previous year.

With one exception all recovered without impairment of vision.

The exception was an infant who died in five days, the cause of death being prematurity. The Ophthalmia was not in any way responsible for the fatal result.

BOROUGH ISOLATION HOSPITAL.

The appended Table shows the total numbers admitted to, and treated at the Hospital since 1901 :—

Year.	Admissions.	Total Treated.
Annual		
Average 1901—1910	176	202
„ 1911—1920	574	634
1921	660	762
1922	393	472
1923	386	433
1924	304	332
1925	373	419
1926	317	383
1927	438	497
1928	543	629
1929	732	821

Thus the number of patients dealt with in 1929 was the highest recorded since 1921.

Patients were admitted to the Hospital from the undermentioned Authorities :—

Authority.	Infectious Diseases.	Tuberculosis.	Total.
Ipswich	528	61	589
Cosford R.D.C.	34	—	34
Samford R.D.C.	21	—	21
Woodbridge R.D.C.	19	—	19
Bosmere & Claydon R.D.C.	11	—	11
Blything R.D.C.	6	—	6
Woodbridge U.D.C.	6	—	6
Plomesgate R.D.C.	5	—	5
Hoxne R.D.C.	5	—	5
Aldeburgh U.D.C.	5	—	5
Mildenhall R.D.C.	3	—	3
Private O.B. Cases	2	—	2
Felixstowe U.D.C.	2	—	2
Hartismere R.D.C.	2	—	2
Leiston U.D.C.	1	—	1
Melford R.D.C.	1	—	1
East Suffolk C.C.	—	11	11
Norfolk C.C.	—	8	8
West Suffolk C.C.	—	1	1
TOTAL	651	81	732

The following Table gives the usual details as to admissions, etc. :—

Disease		1924	1925	1926	1927	1928	Average.	1929
INFECTIOUS DISEASES.	No. in Hospital Jan. 1st	12	28	38	34	52	32.4	48
	Admissions	... 235	301	251	355	458	320	651
	Total Treated	... 247	329	289	389	510	352.8	699
	No. discharged	... 210	279	235	322	440	297.2	613
	„ of deaths	... 9	12	20	15	22	15.6	22
TUBERCULOSIS.	„ Remaining Dec. 31st	28	38	34	52	48	40	64
	No. in Hospital Jan. 1st	16	18	21	17	14	17.2	27
	Admissions	... 69	62	60	53	62	61.2	46
	Total Treated	... 85	80	81	70	76	78.4	73
	No. Discharged	... 48	35	29	28	22	32.4	24
SURGICAL, TUBERCULOSIS.	„ of Deaths	... 19	24	35	28	27	26.6	25
	„ Remaining Dec. 31st	18	21	17	14	27	19.1	24
	No. in Hospital Jan. 1st	—	—	7	8	20	11.6	14
	Admissions	... —	10	6	30	23	17.5	35
	Total Treated	... —	10	13	38	43	26	49
TOTAL.	No. Discharged	... —	3	4	17	23	11.75	26
	„ of Deaths	... —	—	1	1	6	2.6	4
	„ Remaining Dec. 31st	—	7	8	20	14	12.25	19
	No. in Hospital Jan. 1st	28	46	66	59	86	57	89
	Admissions	... 304	373	317	438	543	395	732
	Total Treated	... 332	419	383	497	629	452	821
	No. Discharged	... 358	317	278	367	485	361	663
	„ of Deaths	... 28	36	46	44	55	41.8	51
	„ Remaining Dec. 31st	46	66	59	86	89	69.2	107

Table showing the principal Diseases admitted to the Isolation Hospital, together with the fatalities attached to each:—

Diseases	No. of Cases Admitted			Deaths			Case Fatality per cent.
	Ipswich	Other Districts	Total	Ipswich	Other Districts	Total	
Scarlet Fever ...	199	62	261	1	—	1	0.38
Diphtheria ...	173	43	216	11	5	16	7.4
+ Contacts ...	45	—	45	—	—	—	—
Tonsillitis ...	20	8	28	—	—	—	—
Pneumonia ...	20	—	20	2	—	2	10.0
Measles & Rubella ...	10	1	11	—	—	—	—
Erysipelas ...	10	1	11	—	—	—	—
Puerperal Fever ...	6	5	11	—	2	2	18.1
Ophthalmia							
Neonatorum ...	5	—	5	—	—	—	—
Debility & Marasmus	4	—	4	—	—	—	—
Chicken Pox ...	4	—	4	—	—	—	—
Influenza ...	3	—	3	—	—	—	—
Mumps ...	2	—	2	—	—	—	—
Dermatitis ...	2	—	2	—	—	—	—
Enteritis ...	2	—	2	—	—	—	—
Ac. Anterior Polio							
Myelitis ...	2	—	2	1	—	1	50.0
Enteric Fever ...	1	—	1	—	—	—	—
Cerebro Spinal F.	1	—	1	1	—	1	100
Miscellaneous Group	5	—	5	—	—	—	—
Nils, Queries, etc. ...	14	3	17	—	—	—	—
TOTAL (Infectious Group) ...	528	123	651	16	7	23	3.5
Tuberculosis—							
Pulmonary ...	28	18	46	9	9	18	39.1
Other Forms ...	33	2	35	2	—	2	5.7
GRAND TOTAL ...	589	143	732	27	16	43	5.8

Thus the most fatal of the Infections was Diphtheria. The cause of this was the great severity of some of the cases.

It is notable that 6.3 per cent. of the admissions of Diphtheria from the town proved fatal, but that the figures rose to 11.6 per cent. for the county. The chief reason for the discrepancy lay in the fact that the town cases were got into Hospital more quickly than the county cases.

SMALL POX HOSPITAL.

This Hospital was not opened in 1929.

It has been maintained in a condition of readiness for opening at an hour's notice.

AMBULANCE SERVICES.

The Ambulance and Bedding Van Services have provided a satisfactory service during 1929, and the following figures indicate the mileage run :—

SERVICE.		1928	1929
AMBULANCE.			
Ipswich ...	Journeys	386	497
	Miles ...	1748	2311
Out of Borough ...	Journeys	59	106
	Miles ...	1773	3436
Total ...	Journeys	445	603
	Miles ...	3521	5747
BEDDING VANS			
Collection of Bedding	Journeys	203	232
	Miles ...	1308	1620
Return of Bedding	Journeys	93	119
	Miles ...	735	1040
Collection of Meat	Journeys	29	108
	Miles ...	227	815
Port Work Pin Mill	Journeys	6	9
	Miles ...	106	175
Small Pox Hospital	Journeys	26	15
	Miles ...	145	82
Other Journeys	Journeys	52	82
	Miles ...	763	1118
Total ...	Journeys	409	565
	Miles ...	3284	4814

The Table indicates that the Service expanded in every direction during 1929, and is now organised as an integral part of the Public Health services of the Borough.

The old horse system cannot be compared with the present service, either for efficiency or economy.

LABORATORY.

The work carried out in the Laboratory of this Department since 1923 is as follows :—

Year.	SWABS from Cases of Diphtheria or Suspected Diphtheria.			SPUTA from Actual or Suspected Cases of Tuberculosis.		
	Ex- amined.	Positive.	Per cent. Positive.	Ex- amined	Positive.	Per cent. Positive.
1923	982	204	20%	209	72	34%
1924	652	100	15%	190	49	25%
1925	751	102	13%	191	42	22%
1926	516	89	17%	173	42	24%
1927	465	52	11%	187	58	31%
1928	1,537	247	16%	228	65	28%
Average	817	132	16%	196	55	28%
1929	2,200	372	17%	339	79	23%

It will be seen from this Table that there was a large increase in the amount of work done in the Laboratory during 1929.

If the swabs and sputa had been put out for examination the cost would have amounted to £408.

588 Urines were examined in connection with the Ante-Natal Clinic, with the following results :—

Albumen, trace	...	..	...	...	...	41
Albumen, cloud	...	...	...	...	...	22
Sugar	...	...	...	...	...	11
Pus	...	...	...	...	...	4

The number of Urines examined in 1929 was exactly twice the number dealt with in 1928.

Examinations carried out at the East Suffolk County Laboratory, on behalf of the Local Authority during 1929, were as follows :—

Widals (Typhoid and Para. A. and B.)	...	...	2
Pus (Microscopical and Cultural)	...	...	2
Pleural Effusion	...	...	1
Faeces	...	...	8
Virulence Test K.L.B.	...	...	13

In addition, under the V.D. Scheme, the following specimens were examined at the East Suffolk County Laboratory :—

	East Suffolk Hospital Clinic.	Private Practitioners.
For Gonococci	—	9
For Wasserman Reaction	69	84
Cultural Test for Gonococcus	62	—

WATER SUPPLY.

The following is the return of the amounts of water supplied during the year from the various sources :—

	Gallons.
Total Water Pumped from Wells and Bores, Water-works Street	442,708,000
Total Water Pumped from Wells and Bores, Whitton	370,771,000
Total Water from Holywells Gravitation Sources	17,000,000
Supply per head per day, including trade supplies	25.61

The supply per head per day in 1927 was 23.74 gallons, in 1928 27.17 gallons, and in 1929 25.61 gallons.

The Waterworks Engineer explains the variation in 1929 as under :—

“It will be noticed that the supply per head per day in the Borough, including Trade supplies, is lower than for last year. The chief reason for this can be attributed to the fact that last year there was no doubt great loss of water due to burst mains and service pipes during the severe frosts.”

Samples were taken by this Department from all the various supplies during the year, and the waters maintained their excellent quality.

VENEREAL DISEASES.

REPORT RELATING TO ALL PERSONS WHO WERE
TREATED AT THE TREATMENT CENTRE AT
IPSWICH, DURING THE YEAR ENDING DECEMBER
31st, 1929.

By Dr. F. Fowler Ward

(Medical Officer in Charge, Venereal Diseases Clinic).

The number of persons treated this year was substantially the same as during the preceding years, and the number included under the different diseases was more or less the same.

The numbers of new cases were :—

					Males.	Females.
Gonorrhœa	...	...	...	...	113	36
Syphilis	...	...	...	...	116	75
Soft Chancre	...	...	...	...	7	—
Other conditions	...	...	...	...	39	27

OUT-PATIENT ATTENDANCES.

(a) For individual attention by Medical Officer.

					Males.	Females.
Gonorrhœa	...	...	...	...	832	344
Syphilis	...	...	...	...	776	390
Soft Sores	...	...	...	...	—	—
Other conditions	...	...	...	...	42	40

(b) For intermediate treatment.

					Males.	Females.
Gonorrhœa	...	...	...	...	2,172	456
Syphilis	...	...	...	...	—	—
Soft Sores	...	...	...	...	—	—
Other conditions	...	...	...	...	—	—

(c) Total.

					Males.	Females.
Gonorrhœa	...	...	...	...	3,004	800
Syphilis	...	...	...	...	776	390
Soft Sores	...	...	...	...	11	—
Other conditions	...	...	...	...	42	40
Total	...	...	...	...	3,833	1,230

Total number of attendances of all patients residing in each area :—

Ipswich	...	...	3,829	East Suffolk	..	1,131
West Suffolk	...	...	20	Essex	...	...
						83

“IN-PATIENT DAYS.”

Aggregate number of “In-patient days” of treatment :—

Syphilis 21, Soft Sores 3, Gonorrhœa 284. Total 308.

Areas :—Ipswich 104, East Suffolk 204.

EXAMINATIONS of PATHOLOGICAL MATERIAL.

(1) Specimens examined at Treatment Centre by Medical Officer :—

Spirochaetes 4, Gonococci 150.

(2) Specimens examined at an approved laboratory :—

Gonococci 110, for Wassermann Reactions 148.

The number of doses of Arsenobenzene compound given in Out-Patient Clinic :—

Ipswich	...	285	East Suffolk	...	287
West Suffolk	...	5	Essex	...	25

In In-Patient Department 2. Total 604.

The amount and kind of treatment usually administered was the same as in the preceding year. The tests applied before discharge of patients were also the same.

(Signed) F. FOWLER WARD,

Medical Officer in Charge of Centre.

HEALTH EDUCATION.

Propaganda work in connection with Health Education was carried out on similar lines to those adopted during 1928.

Health Week was held as usual in October with considerable success and necessary support from the public.

New stalls were introduced at the Exhibition and fresh subjects in the Lecture Programme.

The Monthly Health Journal, “Better Health,” was continued, and 5,000 copies were distributed each month.

REFUSE REMOVAL DEPARTMENT.

REPORT OF MANAGER OF HOUSE REFUSE REMOVAL AND NIGHT SOIL DEPARTMENT.

To the Chairman and Members of the Public Health Committee,
Ipswich.

Ladies and Gentlemen,—

I beg to submit summary of work carried out in the above-named Department for the year ending December, 1929.

HOUSE REFUSE

For eight weeks there were thirty-three men, thirty-one weeks thirty-four men, and thirteen weeks thirty-five men.

Five electric vehicles fifty-two weeks, three Electricars fifty-one weeks, and five horse-drawn vehicles one week.

Number of weekly and bi-weekly calls on Register :—

Electric vehicles	...	...	...	16,519
Electricars	..	...	...	8,893
				<hr/>
				25,412

Calls made during the year :—

Electric vehicles	...	...	...	809,213
Electricars	...	...	...	451,849
Horse-drawn vehicles	...	...	...	7,932
				<hr/>
				1,268,994

Number of loads :—

Electric vehicles	...	...	...	4,387
Electricars	..	...	...	3,333
Horse-drawn vehicles	...	...	...	94
				<hr/>
				7,814

Weight collected :—

			T.	C.	Q.	lbs.
Electric vehicles	...	...	7,780	4	0	0
Electricars	...	...	4,554	8	1	0
Horse-drawn vehicles	...	...	107	3	2	0
			12,441	15	3	0

NIGHT WORK.

Number of loads collected 46

There are still twenty-nine middens which are emptied at intervals.

I remain,

Ladies and Gentlemen,

Your obedient servant,

A. HICKS,

Manager, R.R. Department.

Exchange Chambers,
Lion Street,
Ipswich.

CHIEF SANITARY INSPECTOR'S REPORT, 1929.

Inspector under Food and Drugs Act, Inspector of Butter Factories, Inspector under Milk and Dairies Order, 1926, Inspector of Common Lodging Houses, Inspector under the Shops Acts, Inspector under the Contagious Diseases (Animals) Acts, Inspector under the Fertiliser and Feeding Stuffs Act, 1926.

Analysis of Inspections.				1929
Private Houses	...	...	...	6,269
House to House	...	...	...	2,772
Houses let in Lodgings	...	...	...	97
Van Dwellings	...	...	...	344
Common Lodging Houses	...	...	...	212
Houses with reference to application for Council House	...	...	...	123
Damp Houses	...	...	...	45
Houses with defective eaves-troughing	...	...	...	38
Overcrowded Houses	...	...	...	35
Total Inspections of Housing conditions				9,935
Slaughter-houses	...	...	...	4,335
Butchers Shops	...	...	...	812
Cowsheds	...	...	...	122
Milk Retailers Premises	...	...	...	790
Bakehouses	...	...	...	556
Ice Cream Premises	...	...	...	119
Restaurant Kitchens	...	...	...	24
Cold Stores	...	...	...	6
Fried Fish Shops	...	...	...	159
Total Inspections with reference to Food				6,923
Rivers	...	...	...	19
Refuse Dumps	...	...	...	17
After Infectious Disease	...	...	...	249
Shops	...	...	...	869
Factories, Workshops, &c.	...	...	...	723
Drains	...	...	...	545
Schools	...	...	...	11
Places of Entertainment	...	...	...	173
Urinals	...	...	...	375
Offensive Trade Premises	...	...	...	332
Stables	...	...	...	82
Piggeries	...	...	...	43
To Investigate Complaints	...	...	...	406
Smoke Nuisances	...	...	...	83
At Port	...	...	...	390
Total of other Inspections				4,317
Total Inspections made during the year				21,175

Analysis of Work Carried Out.

1929.

Drains inspected	...	...	...	545
Drains smoke tested	..	...	...	174
Drains water tested	...	...	..	176
Drains chemical tested	...	...	...	1
Drains reconstructed	...	...	...	60
Drains unblocked and cleansed	...	...	...	125
Drains repaired	...	...	...	17
New Drains and Houses connected to Sewer	...	...	...	4
Ventilating shafts provided	...	...	...	51
Ventilating shafts repaired	...	...	...	6
Gullies fixed	...	...	...	78
New sinks and wastes provided	...	...	...	63
Water-closet flushing apparatus repaired	...	...	...	28
Water-closets repaired	...	...	...	61
New water-closet pans provided	...	...	...	26
New water-closets provided	...	...	..	31
Foul water-closets cleansed	...	...	...	92
Inspection chambers provided	...	...	...	73
Inspection chambers repaired	...	...	...	18
Total Drainage works carried out	...	...	...	1084

Roofs repaired	...	...	...	148
Eaves-gutters repaired	...	...	...	66
Rain Water Pipes repaired or renewed	...	...	...	33
Rain Water Pipes disconnected from drains	...	...	...	2
Coppers repaired	..	...	...	5
Damp-proof courses inserted	...	...	...	6
Dampness otherwise remedied	...	...	...	5
Rooms Ventilated	...	...	...	7
Yards re-paved or yard pavings repaired	...	...	...	141
Wash-houses repaired	...	...	...	56
Sculleries repaired	...	...	...	67
Sculleries concreted	...	...	...	75
Floors repaired	...	...	...	5
Ash Bins provided	...	...	...	387
General Repairs to Houses	..	...	...	363
Total works carried out to Houses	...	...	...	1366

Analysis of Work Carried Out—*continued.*

1929

Urinals repaired or cleansed	...	...	56
Water laid on to urinals	...	...	2
Water laid on to water-closets	...	...	40
Dirty houses cleansed	...	...	24
Pail closets abolished	..	..	2
Pail closets provided	...	...	2
Privies abolished	...	..	9
Dead wells abolished	...	...	2
Premises limewashed	...	...	167
Manure bins demolished	...	...	5
Removal of manure	...	...	31
Removal of animals	...	...	20
Total of other works carried out	...	...	360
Total works carried out during the year	...	...	2,810

HOUSING.

1.—Unfit Dwelling-houses.

Inspection :—

- (1) Total number of dwelling-houses inspected for housing defects (under Public Health and Housing Acts) ... 6,269
- (2) Number of dwelling-houses which were inspected and recorded under the Housing (Consolidated) Regulations, 1925 ... 408
- (3) Number of re-visits ... 2,364
- (4) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... —
- (5) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... 291

2.—Remedy of defects without service of formal notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	280
--	-----

3.—Action under Statutory Powers.

A.—Proceedings under Section 3 of the Housing Act, 1925.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	nil.
(2) Number of dwelling-houses which were rendered fit after service of formal notice :—	
(a) By Owners	nil.
(b) By Local Authority in default of Owners ...	nil.
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	—

B.—Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	25
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By Owners	14
(b) By Local Authority in default of Owners ...	nil.

C.—Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925.

(1) Number of representations made with a view to the making of Closing Orders	6
(2) Number of dwelling-houses in respect of which Closing Orders were made	6
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	—
(4) Number of dwelling-houses in respect of which Demolition Orders were made	3
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	3

WATER SUPPLY.

Samples taken from Corporation Supply	...	...	...	32
Samples taken from Private Supplies	...	...	...	3

INFECTIOUS DISEASES.

Infectious disease enquiries made...	...	...	290
Enquiries re Small Pox contacts	...	...	59
Total visits re Infectious diseases	...	...	349

	1929
PROGRESS OF NOTICES.	
Preliminary.	
Served	328
Completed	308
Statutory.	
Served	25
Completed	14
Verbal.	
Given	77
Completed	83
Letters Issued	413
FACTORIES AND WORKSHOPS.	
Premises Inspected.	
Factories and Workshops	157
Outworkers	7
Bakehouses	556
SHOPS' ACTS	
Visits	869
New Shops Registered	119
Transfers	69

SALE OF FOOD AND DRUGS.

The following Table shows the number of samples taken :—

Milk	94
Butter	25
Margarine	19
Coffee	5
Lard	12
Baking Powder	3
Vinegar	3
Tea	5
Milk (Tins Machine Skimmed) ...	2
Cream	3
Jam	1

There were 3 prosecutions during the year, 2 cases being dismissed and 1 defendant fined £1.

Ten Milk Vendors were cautioned.

DISEASES OF ANIMALS ACT, 1894-1895.

TUBERCULOSIS ORDER, 1925.

This Order came into operation on the 1st September, 1925.

Twelve cows were sent in for slaughter by Veterinary Inspectors.

Three carcasses and all their organs were condemned.

In nine cases the carcasses were passed fit for human consumption; Head, Tongue and all Organs being condemned in three cases; Head, Tongue, Lungs, and Mesentery in one case; Head, Tongue, Lungs, Liver, Kidneys and Udder in one case; Lungs and Udder in one case; Udder only in one case; and Lungs, Udder and serous membrane from pleura on right side in one case.

THE PUBLIC HEALTH MEAT REGULATIONS, 1924.

This Regulation came into operation on the 1st April, 1925.

All shops now have fixed or movable windows to protect Foodstuffs from dust and dirt, but it is found that on occasion a window is open. There has, however been no occasion on which the meat was found to be dirty.

The practice of wrapping in old newspapers still continues.

Days and times of slaughtering of animals is given by butchers, and practically all meat is inspected before leaving the slaughter-house.

812 inspections of butchers' shops were made during the year 1929.

SLAUGHTER-HOUSES

There were fifteen private slaughter-houses in existence in the Borough during 1929.

Two slaughter-houses were closed during the year.

4,335 visits were paid to slaughter-houses during 1929.

The number of carcasses examined during the year was :—

Cattle	...	...	...	4,431
Pigs	...	...	...	17,430
Sheep	...	...	...	6,862
Calves	...	...	...	387

MILK AND DAIRIES ORDER, 1926.

This Order came into operation on the 1st October, 1926, and a copy was forwarded to all Cowkeepers, Milk Purveyors, and Retailers in the Borough.

Milk Retailers have been required to provide covered porcelain counterpanes for the storage of milk in shops. Four counterpanes have been provided with covers during the year.

No. of Inspections of Dairies and Milk Shops	...	426
„ „ „ Purveyors of Milk	...	364
„ „ „ Cowsheds	... ..	122

FOOD INSPECTION.

The undermentioned Food Stuffs were condemned as unfit for human consumption during the year 1929 :—

Carcasses of Beef	...	...	...	...	21
Fore Quarters of Beef	...	...	...	...	10
Hind Quarters of Beef	..	...	...	...	1
Sides of Beef	...	...	...	...	1
Beef (lbs.)	...	...	...	...	275
Beef Chilled (lbs.)	..	...	...	...	211
Beef Suet (lbs.)	..	...	...	...	65
Ox Heads	...	...	...	...	136
Ox Tongues	...	...	...	...	94
Ox Lungs	...	...	...	...	229
Ox Livers	..	...	...	...	290
Ox Mesenteries	...	...	...	...	67
Ox Plucks	...	...	...	...	3
Ox Kidneys	...	...	...	...	18
Ox Spleens	...	...	...	...	8

Ox Skirts	...	...	...	...	...	6
Ox Hearts	...	...	...	...	...	5
Ox Offals	...	...	...	...	...	8
Cows' Udders	...	...	...	...	...	8
Carcases of Veal	...	...	...	...	...	7
Veal (lbs.)	...	...	...	...	...	20
Calves' Heads	...	...	...	...	...	1
Sheep's Carcases	...	...	...	...	...	50
Sheep's Livers	...	...	...	...	...	68
Sheep's Plucks	...	...	...	...	...	40
Sheep's Lungs	...	...	...	...	...	31
Sheep's Offals	...	...	...	...	...	18
Sheep's Kidneys	...	...	...	...	...	21
Sheep's Hearts	...	...	...	...	...	1
Pigs' Carcases	...	...	...	...	...	276
*Pork (lbs.)	25 Tons	19 Cwts.	3 Qrs.	1 Lb.		
Pigs' Plucks	...	...	...	...	...	1658
Pigs' Livers	...	...	...	...	...	590
Pigs' Kidneys	...	...	...	...	...	460
Pigs' Lungs	...	...	...	...	...	425
Pigs' Mesenteries	...	...	...	...	...	312
Pigs' Spleens	...	...	...	...	...	36
Pigs' Offals	...	...	...	...	...	898
Pigs' Heads	...	...	...	...	...	5022
Pigs' Hearts	...	...	...	...	...	121
Pigs' Hocks	...	...	...	...	...	4
Pigs' Fore Ends	...	...	...	...	...	14
Sides of Bacon	...	...	...	...	...	4
Bacon (lbs.)	...	...	...	...	...	9
Haddock (lbs.)	...	...	...	...	...	30
Dog Fish (lbs.)	...	...	...	...	...	14
Whiting (lbs.)	...	...	...	...	...	42
Herrings (Boxes)	...	...	...	...	...	7
Shrimps (Pecks)	...	...	...	...	...	7
Sausages (lbs.)	...	...	...	...	...	47
Chickens	...	...	...	...	...	1
Cases of Black Grapes (14 lbs.)	...	...	...	...	...	10
Tins of Ox Tongues	...	...	...	...	...	2
Tinned Foods (Assorted)	...	...	...	...	...	26
Corned Beef (1 lb. Tins)	...	...	...	...	...	6
Corned Beef (6 lb. Tins)	...	...	...	...	...	54
Jars of Lemon Cheese	...	...	...	...	...	13

*This weight includes the weight of 4,135 Pigs' Heads.

RATS AND MICE DESTRUCTION ACT, 1919.

The number of Rats collected at the Public Health Office during the year 1929 was 9,470.

DISINFECTION.

The undermentioned Table gives the number of rooms, articles of clothing, vehicles, etc., disinfected by this Department during 1929 :—

Infectious Diseases :—

Rooms	...	...	...	...	...	514
Bedding	...	...	...	...	...	3369

Tuberculosis :—

Rooms	...	...	...	...	...	181
Bedding	...	...	...	...	...	951

Articles from Isolation Hospital	...	...	...	...	...	7392
Ambulances	...	...	...	...	...	102
School Rooms	...	...	...	...	...	10
Library Books	...	...	...	...	...	370
Articles Destroyed	...	...	...	...	...	139
Verminous Rooms Disinfected	...	...	...	...	...	97

SANITARY CONDITIONS OF MUSIC HALLS AND CINEMAS.

In accordance with a suggestion contained in a letter circulated by the Ministry of Health, 173 visits were paid during performances to Music Halls and Cinemas in the Borough during 1929.

Special attention was paid to the ventilation of the premises, and also to the condition and efficiency of the sanitary accommodation.

In every case the conditions were satisfactory.

MORTUARY.

During the year 1929, 25 bodies were admitted into the Mortuary. In 7 cases Post-Mortem Examinations were held.

FACTORIES AND WORKSHOPS, 1929.

1.—Inspection of Factories and Workshops :—

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions of Occupiers.
Factories	38	3	—
Workshops	119	15	—
Outworkers	7	—	—
Bakehouses	556	6	—
Workplaces	3	1	—
Total	723	25	—

2.—Defects found in Factories, Workshops and Workplaces :—

Particulars.	Number of Defects.		
	Found.	Remedied.	Referred to H.M. Inspector
Nuisances under the Public Health Acts :—			
Want of Cleanliness ...	9	10	—
Want of Ventilation ...	—	—	—
Overcrowding ...	1	1	—
Want of Floor Drainage ...	3	—	—
Other Nuisances ...	11	8	—
Sanitary Accommodation			
(a) Insufficient ...	3	2	—
(b) Defective ...	5	4	—
(c) Sexes not Separate ...	1	—	—
Offences under the Factory and Workshop Acts :—			
Illegal Occupation of Underground Bakehouse ...	1	1	—
Other Offences ...	1	1	1
TOTAL ...	35	27	1

3.—Outwork in Unwholesome Premises, Section 108.

So far as Ipswich is concerned, there is nothing to report under this heading.

PORT OF IPSWICH SANITARY AUTHORITY.
REPORT FOR 1929.

The inspection of vessels entering the Port of Ipswich was commenced in 1908. There has been a great improvement in the sanitary condition of vessels since that date.

There were three vessels fumigated during the year. The Masters of the other incoming vessels produced certificates of recent fumigation.

As far as is practicable all boats are inspected, but as many Coastwise Steamers and Sailing Vessels enter and leave the Port on the same tide, inspection is not always possible.

I.

Number of Vessels inspected ...	...	106
Number of Vessels re-inspected ...	...	284
Total number inspected and re-inspected ...	...	390

II.

British Steamships	...	...	...	...	40
British Motor Vessels	...	...	...	...	1
British Barges	...	...	...	...	313
Foreign Steamships	...	...	...	...	36
Foreign Motor Vessels	...	...	...	...	—
Foreign Sailing Vessels	...	...	...	...	—
Total	...	...	...	...	390

III.

British	...	...	...	...	...	354
Swedish	...	...	...	...	...	10
German	...	...	...	...	...	6
Greek	...	...	...	...	...	4
Norwegian	...	...	...	...	...	4
Belgian	...	...	...	...	...	3
Dutch	...	...	...	...	...	3
Estonian	...	...	...	...	...	2
American	...	...	...	...	...	1
Danish	...	...	...	...	...	1
Italian	...	...	...	...	...	1
Japanese	...	...	...	...	...	1
Total	...	...	...	...	...	390

SICKNESS, Etc.

There were no cases of Infectious Disease reported during the year.

The following cases received treatment :—

Venereal Disease	...	...	...	...	4
Ear complaint	...	...	...	...	2
Throat complaint	...	...	...	...	1
Sprain	...	...	...	...	1

The following cases were sent home discharged :—

Chest complaint	...	...	...	...	1
Abdominal complaint	...	...	...	...	1

DEFECTS TO SHIPS.

The crew's quarters of five British Steamers were found to be in a dirty condition, and a notice to cleanse and repaint was served upon the Master.

BUTTERMAN'S BAY.

This is the name given to a portion of the River Orwell, situated six miles below the Ipswich Dock. Some of the vessels trading with Ipswich have been too large to enter the dock, so that they had to discharge the whole of their cargo in the deep-water berths constructed at the Bay.

During the year nine vessels discharged the whole cargo at Buttermans Bay, six vessels lightened at the bay and completed discharge at Ipswich Docks.

A. T. MEARS,
Chief Sanitary Inspector.



County Borough of Ipswich.

School Medical Officer's
REPORT

1929.

COUNTY BOROUGH OF IPSWICH
EDUCATION COMMITTEE.

ANNUAL REPORT

FOR 1929,

ON THE MEDICAL INSPECTION OF
ELEMENTARY SCHOOL CHILDREN.

Medical Staff.

A. M. N. PRINGLE, M.B., C.M. (Edin.), D.P.H. (Camb.),
Medical Officer of Health and School Medical Officer.

A. W. GAYE, M.B., CH.B. (Manc.), M.B., B.C. (Camb.), D.P.H. (Camb.),
Deputy Medical Officer of Health and
Assistant School Medical Officer.

Miss M. C. K. PATTERSON, M.B., CH.B. D.P.H.,
Diploma in Ophthalmology (Oxon).
(Resigned 7/4 1929.)

Miss D. E. P. JOLLY, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P.,
D.P.H. (Lond.).
(Appointed 15/4 1929.)

Assistant Medical Officer of Health and
Assistant School Medical Officer.

Dental Staff.

T. A. EDMONDSON, L.D.S., R.C.S., Eng.,
School Dental Surgeon.

A. W. T. WARD, L.D.S., R.C.S., Eng.,
Assistant School Dental Surgeon.

Nursing Staff.

Miss M. SANDBACH, Miss E. TAYLOR, A.R.S.N.
(Resigned 31/10/1929).

Miss F. ILETT, and Miss M. M. SPRINGETT (Appointed 1/11/1929).

County Borough of Ipswich.

PUBLIC HEALTH DEPARTMENT,
ELM STREET,
IPSWICH,

April 1st, 1930.

LADIES AND GENTLEMEN,

I have the honour to present to you the Report of the School Medical Officer for the year 1929.

I have pleasure in recording my appreciation of the services rendered by the members of the Staff of the School Medical Service during the year.

I remain, Ladies and Gentlemen,

Your obedient Servant,

A. M. N. PRINGLE,

*Medical Officer of Health,
School Medical Officer.*

To the Chairman and Members
of the Education Committee.

INTRODUCTION.

The work of School Medical Inspection has continued on the same lines as in previous years.

I draw attention to the very large number of children presenting themselves for examination for various reasons at the School Clinic.

The numbers are so great that, at times, it is a matter of difficulty to finish the Clinic within reasonable time.

There was a considerable decline in Ringworm during 1929, but an increase in Impetigo and other Skin Diseases dealt with at the Treatment Clinic, which is performing a very useful function in providing treatment for classes of cases that had, prior to the establishment of the Clinic, gone untreated, at least in a large proportion of cases.

The proportion of children attending the Eye Clinic who obtained Glasses is remarkable.

I comment once again upon the evidence in these Reports as to the prevalence of Mental Defect amongst children of school age, and in this relation it should be borne in mind that the success of the local scheme of ascertainment is contributed to in a large degree by the close co-operation between the School Medical Service and the Mental Welfare Association.

Dr. Gave suggests that the Dull and Backward^d are in relation to the mentally defective in the proportion of 3 to 1. I wish I could believe the proportion is as low.

PUBLIC ELEMENTARY SCHOOLS AND SCHOOL POPULATION.

The following Table gives approximately the number of Public Elementary School Children in Ipswich:—

	1925	1926	1927	1928	1929
Number of Public Elementary Schools	26	26	26	26	27
Average Number of Children on School Registers ...	10 956	11 183	11 330	11 391	11 108
Average attendance of Children at School...	9 922	10 106	10 237	10 369	10 162

ROUTINE MEDICAL INSPECTION.

The number of children examined at Routine Medical Inspection since 1925 is shown as follows:—

Group.			1925.	1926.	1927.	1928.	1929.
Entrants	...	...	1,571	1,564	1,447	1,309	1,155
Intermediates	...	...	758	977	675	1,496	1,503
Leavers	...	...	1,061	1,451	1,279	1,299	986
Total			3,390	3,992	3,401	4,104	3,644

The number of children examined during 1929 was equal to the average of the previous five years.

SPECIAL INSPECTIONS.

The appended Table furnishes particulars with reference to the attendance of children at the Inspection Clinic, together with the number of exclusions granted:—

Period.	Numbers of Children attending at Clinic.	Total Attendances at Clinic.	Exclusions Granted.	Cases in which no exclusion was necessary.	No. of exclusions as result of home visiting by nurse.	Total Exclusions.
Average	—	4,568	1,004	—	—	1,004
1912-15	—	—	—	—	—	—
1916-20	1,850	6,611	1,525	325	1,180	2,705
1921-25	2,846	10,726	1,930	555	1,590	3,520
1926	3,188	12,147	2,168	1,020	1,332	3,500
1927	3,843	13,924	2,485	1,358	1,193	3,678
1928	4,521	13,539	2,580	1,941	2,728	5,308
1929	4,814	13,667	2,858	1,956	2,400	5,258

The figures in the first column of this Table indicate the increasing degree to which this Clinic is utilised by the parents of Ipswich.

Assuming that there are 300 Clinics during the year (and this is an outside figure covering holidays, etc.), the average attendance during 1929 was about 45 per session.

This figure compares with 15 during the period 1912-15, 22 during 1916-20, and 35 during 1921-25. A very remarkable growth.

EXCLUSION OF SCHOOL CHILDREN.

Disease or Defect.	Cases Exclud- ed.	Total days of ex- clusion.	Max- days of ex- clusion.	Min- days of ex- clusion.	Average No. of days.	Cases Brought over from 1928.
Tonsillitis & Diphtheria, Sore Throats, etc. ...	496	8794	217	1	17	—
Debility ...	292	6933	250	1	23	6
Impetigo ...	161	2717	87	2	17	3
Verminous Conditions...	121	1579	64	1	13	1
External Eye Disorders	108	2415	235	1	22	1
Mumps ...	101	1890	67	4	19	—
Whooping Cough ...	81	3680	138	7	45	1
Otorrhoea ...	79	1511	77	1	19	—
Tuberculosis:—						
Pulmonary ...	72	3775	256	6	52	7
Other Forms ...	68	3541	300	4	52	4
Influenza ...	69	1333	313	4	19	1
Bronchitis ...	46	1742	274	7	38	2
Ringworm:—						
Scalp ...	23	3376	314	18	147	6
Skin ...	6	64	28	5	10	—
Anæmia & Heart ...	16	1093	191	5	68	1
Scabies ...	15	940	238	8	63	2
Other Ailments ...	1104	21167	365	1	19	9
TOTAL ...	2858	66550	365	1	23	44

The amount of school time lost from Pulmonary Tuberculosis is almost halved as compared with 1928, and the number of cases has fallen 25 per cent. Ringworm cases have decreased 50 per cent.

It will be noted that there is an increase in the number of cases attending for Verminous Conditions. This does not necessarily mean that there was any actual increase in uncleanness, but is the result of a more intensive campaign by the School Nurses, as noted later under the appropriate heading. It was found that 1 child in 70 was verminous in 1928, and 1 in 100 in 1929, but of these a larger percentage had to be excluded.

The following Table compares the EXCLUSION FIGURES for 1929 with those of the last five years :—

Year.	Cases Excluded.	Total Days of Exclusion.	Average No. of Days.
1924	2,023	78,406	38
1925	2,606	64,744	24
1926	2,168	60,207	28
1927	2,485	70,222	28
1928	2,580	63,975	25
Average of the 5 years	2,372	67,511	28
1929	2,858	66,550	23

The Table shows that the number of children excluded was the highest recorded since 1924.

The average number of days lost, however, was the lowest recorded during the same period.

The diseases responsible for the rise in the number of children excluded during 1929 were MUMPS, WHOOPING COUGH, and INFLUENZA.

A considerable increase occurred in the VERMINOUS group, but the figures for the IMPETIGO and RINGWORM groups showed diminution.

The reason for the increase in the exclusions for Verminous Conditions is increase in inspection brought about by redistribution of the work of the staff.

The inspections are now more frequent, and thus a close check is kept on the small number of chronic offenders.

The appalling conditions revealed at the beginning of School Medical Inspection are no longer found.

EXCLUSIONS FOR RINGWORM.

The following Table illustrates the Ringworm experience since 1910.—

Period.	No. of Cases Excluded.			Average No. of Days Lost	
	Scalp.	Skin.	Total.	Scalp.	Skin.
1910—1914	62	38	100	71*	31*
1915—1919	156	54	210	71	14
1920—1924	193	13	206	108	14
1925	68	5	73	102	6
1926	53	8	61	112	14
1927	78	14	92	150	12
1928	48	7	55	116	10
1929	23	6	29	147	10

* Average of 1913 and 1914 only

It is recorded in the foregoing Table that the Ringworm figures of 1929 show considerable diminution, the actual number of days lost being 3,440, as compared with 5,631 in 1928.

TREATMENT CLINIC.

The following Table shows the number of children who were treated at the Treatment Clinic during the last five years, together with the total number of visits paid by them:—

Year.	Number of Children Treated.	Total Visits Paid.
1925	237	3,143
1926	377	3,277
1927	665	4,068
1928	866	3,730
1929	835	3,316

The appended Table gives the particular diseases or defects dealt with at the Treatment Clinic :—

Disease or Defect.	1925	1926.	1927.	1928.	1929.
Ringworm :—					
Scalp	34	32	36	8	10
Skin	6	5	7	9	4
Scabies	8	3	9	8	8
Impetigo	6	35	75	76	94
Other Skin Diseases ...	18	19	148	229	171
Minor Eye Defects ...	64	74	91	110	124
Minor Ear Defects ...	7	5	7	4	6
Nose and Throat ...			46	46	28
Minor Injuries ...	94	204	246	129	216
Miscellaneous ...				247	174
Total ...	237	377	665	866	835

The number of children treated in 1929 was not quite so large as in the preceding year, but it was considerably above the average.

It will be noticed that a much larger number of Minor Injuries were dealt with than previously, an indication that Head Teachers now refer such cases to the Clinic for any immediate necessary treatment.

EYE CLINIC.

The Summary for the year is given below :—

Number of cases examined...	...	...	...	351
Number of visits paid ..	..	..	...	582
Glasses prescribed ...	...	..	...	181
.. changed ...	...	..	...	68
.. unchanged ..	..	...	...	23
No treatment necessary ...	...	...	...	74
Treatment required (other than the provision of Glasses) ...	...	...	...	6
Glasses obtained ..	..	...	...	246

The following defects were found :—

Hypermetropia ...	...	..	...	47
Hypermetropic Astigmatism	..	..	...	53
Myopia ...	...	...	...	72
Myopic Astigmatism ...	...	...	...	19
Mixed Astigmatism ...	...	..	...	5
Squint ..	...	..	...	21
All Others ...	...	...	...	26

In connection with the Eye Clinic, the following Table is of interest :—

	Average five years 1922-6.	1927.	1928.	1929.
No. of children examined ...	326	415	442	351
Percentage for whom glasses were prescribed (or changed)	60%	71	71%	71%
Percentage who obtained (or changed) glasses ...	86%	96%	92%	98%

The percentage of the children examined who were prescribed Glasses has remained constant for the last three years at 71 per cent.

The number of children who obtained Glasses is worthy of note.

MENTALLY DEFECTIVE CHILDREN.

67 children were examined under this heading during 1929, and in addition 22 cases were re-examined.

The results of the examinations were as follows :—

Classified as	Males.	Females.	Total.
Feeble Minded M D. ..	11	13	24
Imbeciles	1	6	7
Idiots			
Total Certified	12	19	31

Of the remainder, 21 were "Dull and Backward," 6 "Backward," 6 "Normal," and the classifications of three children were not completed.

The following Table compares the figures of 1929 with those of the previous five years:—

Year.	CLASSIFICATION.														
	Feeble-Minded.			Imbeciles.			Idiots.			Dull and Backward.			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1924	17	6	23	1	2	3	—	—	—	26	18	44	44	26	70
1925	15	9	24	2	10	12	—	—	—	32	22	54	49	41	90
1926	11	8	19	6	5	11	—	—	—	18	22	40	35	35	70
1927	10	17	27	5	2	7	—	—	—	15	15	30	30	34	64
1928	8	6	14	3	1	4	1	—	1	6	12	18	18	19	37
Average of 5 years	12	9	21	4	4	8	—	—	—	19	18	37	35	31	66
1929	11	13	24	1	6	7	—	—	—	15	6	21	27	25	52

The percentage of feeble-mindedness ascertained among children of ages 7—14 has remained fairly constant during the last five years. But the above figures do not represent the number of dull and backward in the schools. Probably there are 3 dull and backward for each one that is feeble-minded.

BRITANNIA ROAD SPECIAL SCHOOL.

The number of children on the registers at the end of the year was 77—32 girls and 45 boys.

Under Miss Fulcher's guidance the domestic classes, which were begun in June, 1928, are daily proving their usefulness. 14 girls, from 13—16 years of age, receive practical instruction in cookery, cleaning, and simple laundry, in addition to their ordinary school work.

A difference is noticeable in the alertness of most of them after they have had a few weeks' practical work in the kitchen. They cook the dinners for the whole school—usually for 65 persons a day.

In April, physical exercises and games for boys over 12 years were taken over by Mr. Cross, who has had special training in this work. There is an excellent playing field at the back of the school, which is free for use every morning. The instruction arranged has proved of value, and in addition is a source of joy to both children and staff.

The tailoring, also under Mr. Cross, continues to do well, and the boys are kept busy making knickers and blazers, for which they seem to be growing famous.

During the year, the shoemaking class received the contract for repairs for the Handford Home, which helps to keep them fully occupied. Among the 15-year-old boys there are several who can make boots as well as repair them. Mr. Crisp keeps up a high standard of work, which will bear close scrutiny.

The young children are still under the care of Miss Tuppen, whose patience, good humour and tireless energy will elicit some response from even the slowest.

The school is fortunate in having Mrs. Borcham on the staff. Since her coming both boys and girls are realising the joy that can be experienced in folk dancing, and recently a team competed in the Country Dance Festival and was awarded a second class certificate.

Two girls left at the age of 16, 1 of these is in a factory and 1 at home. In addition, one girl has been discharged before reaching that age to go into domestic service, and another has been passed to the care of the Statutory Committee as ineducable.

9 boys left at 16, one is on a farm, one having extra training in carpentry at Colchester, one working at Holbrook, one under guardianship with a farmer, two have casual work, and three are unemployed.

Three boys were discharged under 16, one is shoemaking, one in a factory, and one at Ransomes'. Another was passed to the Statutory Committee as ineducable.

At Christmas, the children gave a concert to parents and friends. It was very successful and well attended. The older boys were justly proud of themselves, as, under the supervision of Mr. Dyer, they constructed a dais for use at the concert.

The last day of term was eagerly awaited—the children not knowing what surprises to expect. Christmas dinner, of course, with real Christmas pudding made by the girls and stirred by everyone. But the great event was a real conjuror and marionette show, which kept everybody rocking with laughter for an hour. It would be impossible to say whether it was enjoyed most by children, teachers, nurses or doctors.

The school has again had a satisfactory year, and this is due to the able guidance and efforts of Miss Jarvis and her staff.

A. W. GAYE,
Deputy Medical Officer of Health.

HOME VISITS.

2,568 children of School age were seen by the Nurses in their homes in connection with Minor Infectious Diseases.

The following Table gives the numbers and causes of exclusion as a result of these visits :—

Mumps	705
Chicken Pox	518
Measles	516
Whooping Cough	215
All Others	446
Total	2,400

The work under this section was somewhat hampered in the later months by changes in staff.

PEDICULOSIS AND UNCLEANLY CONDITIONS.

Number of examinations	24,478
Number of individual children found to have nits or vermin ...	241
Number excluded from School	121
Number of '24-hours' Notices served	31
Number of children cleansed by parents after receipt of "24-hours' Notices"	6
Number of children whose hairs were cut or whose heads were cleansed by the Local Authority	25
Number of baths given to children	99
Cases reported to the N.S.P.C.C. for wilful neglect	nil.
Prosecutions	nil.

Through a rearrangement of staff duties the nurses have carried out a much larger number of examinations this year.

The figure for 1928 was 13,511.

The present scheme now permits of at least one visit to each school each term.

EMPLOYMENT OF SCHOOL CHILDREN.

194 children were examined during 1929, necessitating a total of 229 examinations, under the Employment of Children Act, 1903, as amended by the Education Act of 1918.

Sex.	Physical Condition Satisfactory	Passed after re-examination.	Certificate Refused	Re-examinations carried out.	Total Exams.
Male	160	29	4	34	224
Female	4	1			5
TOTAL.	164	30	4	34	229

TUBERCULOSIS DISPENSARY.

The Tuesday and Friday afternoon sessions for school children were held as usual during 1929.

So far as Institutional Treatment of Tuberculosis is concerned the following School Children were admitted to the Institutions named:—

INSTITUTION	Boys.	Girls.	Total.
Ipswich Sanatorium	19	13	32
East Suffolk & Ipswich Hospital (for treatment of Surgical Tuberculosis)	5	4	9
Ipswich Isolation Hospital—			
(a) Pulmonary Tuberculosis	—	1	1
(b) Surgical Tuberculosis	9	12	21
TOTAL	33	30	63

There was a large increase in the number admitted to Institutions as compared with 1928, particularly to the Sanatorium.

OPEN-AIR CLASSES AT WHITTON.

The Whitton Open-Air Class opened on April 8th, 1929, with 32 girls in attendance.

The School dispersed on October 31st, 1929.

This is the last occasion upon which Whitton Council School will be utilised for this purpose, in view of the imminent opening of the Open-Air School at Whitton.

I should, therefore, like to take this opportunity of placing on record my appreciation of the interest which Miss E. M. Jackson, the Head Mistress, and her assistant, Miss E. M. Brown, have taken in this particular class.

OGILVIE HOME.

Three children were in the Home on January 1st (one boy and two girls).

The admissions to the Home during 1929 included 4 boys and 2 girls, and 1 boy and 2 girls were discharged.

It therefore left 6 children (4 boys and 2 girls) in the Home at the end of 1929.

The Committee were able to arrange for two additional beds at the Ogilvie Home, and these were taken over on April 1st, 1929.

The total accommodation now available amounts to six beds.

TONSILS AND ADENOIDS.

The following Table gives particulars of the work carried out under this heading during 1929, as compared with 1928, and the average experience of the preceding five years.

	1929	1928.	Average of the years 1923-1927 inclusive.
No. of Children referred to East Suffolk Hospital	133	137	178
Percentage who attended the Hospital ...	86	84%	85
Percentage of the cases attending East Suffolk Hospital who received operative treatment	68	90.	68
Total attendances (Out-Patients) ...	244	207	266
Operations	110	109	103
In Patient Days			
Over 10 ...	17	33	41
Under 10 ...	27	29	76

There is very little departure from the average experience in this section.

The only point is, perhaps, the decline in the In-Patient Treatment of Tonsils and Adenoids.

STAMMERERS.

The Stammerers' Class, under Mr. Bradfield, was made up as under :—

School	Boys.	Girls.	Total.
Argyle Street ...	4		4
St. Margarets ...	6		6
St. Mary's, Albion Hill		1	1
St. Mary Stoke ...	1		1
Ranelagh Road ...		1	1
Springfield ...	1		1
TOTAL. ...	12	2	14

Four cases were discharged during the year.

An experimental Stammerers' Class at London Road Infants' School, under Madam I. Stoton, was commenced on April 11th, and was held for one hour each week. The number of sessions was increased to two after the August holidays.

The number of children attending was seven, and in November it was found that in four cases improvement had been noted, two were stated to be stationary, and in one case the period of attendance was too short to be able to judge.

PHYSICAL TRAINING.

I have pleasure in appending the report of the organiser of Physical Training, and am glad to note that this important matter is once again being carefully organised.

REPORT.

Organisation.—Since May 1st, 1928, the Physical Training of the Borough has been organised in co-operation with that of the County. The Chief Organiser and a woman assistant from the County spend one and two days respectively in the Borough supervising the physical training of the Elementary Schools.

This arrangement has already resulted in many advantages to both Authorities. As there is limited accommodation in the South of the County for the training of teachers, it is a great boon to have the use of the Borough Schools. Also in the training of different types of teachers it is a distinct advantage to utilise the Organiser most suitable to instruct the class. In addition the system has proved so far to be both efficient and economical to the two Authorities.

The Organisers are permitted entire freedom of movement as long as they spend the correct amount of time in the respective areas. This system has proved most beneficial, as it assists the Organisers in arranging their visits in accordance with weather conditions and the time-tables of the schools.

General Progress.—The past year has been one of steady but sure progress. There is evidence of an increased appreciation of the value of physical training. As a result, the Head Teachers are arranging to have the lessons taken more frequently while the class teachers are instructing in a less formal and more interesting manner. In consequence of improved teaching, the children are giving more response, and, therefore, receiving greater benefit.

Staff.—It is recorded with regret that Miss E. M. Watkins has found it necessary to resign. Miss Watkins has done effective work in the schools, and the teachers appreciated her services. She is succeeded by Miss M. Saunders.

Teachers' Classes.—Two Teachers' Classes have been held during the year, one for men and the other for women teachers of senior schools. Judging from the attendance and the interest taken in the classes, they may be considered to have been very successful. The work of the classes has since been followed up by the Organisers in the schools, and it is found that those who attended are teaching with more purpose and enthusiasm.

Teachers from the County area were permitted to attend these classes. They are very grateful for the privilege.

Organised Games.—The outstanding feature of the year has been the opening of the Britannia Road Playing Field for the local schools. The field, which is ideal for the purpose, is already in good condition, and the visiting schools appreciate the great benefit derived from the use of a private playing field. A close co-operation between Teachers, Groundsmen and Organisers has made efficient organisation possible.

The Committee are keenly alive to the importance of making adequate arrangements for organised games. In view of the rapid developments taking place in the Borough outskirts, the Committee have adopted a sound far-reaching policy in endeavouring to secure suitable sites as opportunities occur. They have up to date acquired some 50 acres for the use of Secondary and Elementary Schools, and negotiations are proceeding for the provision of other sites in districts where playing field accommodation is not at present adequate.

During the Spring terms a series of hockey practices were arranged for the women teachers. These practices were helpful and appreciated. Two of the girls' schools have since taken up hockey.

Swimming.—Owing to a continuous spell of fine weather, the swimming was very successful. 510 children obtained the Committee's certificates.

The girls generally are taught by two special Instructresses at the Fore Street Baths. Their instruction is efficient, and obtains good results.

The boys are instructed by their class teachers at the West End and Stoke Baths. There was much improvement last season amongst the masters in their methods of teaching swimming.

It is regrettable that the Borough should have no provision for swimming in the Lattice Barn district. In consequence the schools concerned have to travel as far as Stoke and Fore Street, and, apart from the fact that more time than should be necessary is taken from the school curriculum, the children are too tired on arriving at the Bath to obtain full benefit from the instruction. An open-air swimming bath at this end of the town is very badly needed.

There seems to be no reason why both boys and girls in the Norwich Road district should not visit the West End Bath, which is commodious and healthy.

The Sports' Association.—The Ipswich Teachers have a very live Sports' Association. For many years they have given valuable services in the interest of the children, provision being made for Football, Cricket, Netball and Swimming. The Inter-School League Matches are much appreciated by the schools, and, in addition, an annual meeting for Athletic Sports is held as a sort of culminating point to the year's activities. Only a small proportion of the children, however, can take part in these sports, which would have much more value to the schools generally if each senior school would previously hold its own Sports Meeting. The training in this way would become more general, gradual, and effective, and incidentally give the local parents an opportunity of seeing most of their children taking part. With the provision of additional playing fields it should be possible to realise this objective.

Time-tables.—The majority of the schools' time-tables for the physical training activities are now satisfactory, and the remainder are gradually being improved. This is very important, as exercise to be of real value must be frequent.

The Organisers are very grateful to the Office Staff for valuable help given during the year.

(Signed) W. TYE,
Organiser of Physical Training.

HIGHER EDUCATION.

IPSWICH SCHOOL.

Four visits were paid to this School for Routine Medical Inspection during 1929.

Term.	Boys Examined.	No. of Defects Found.	No. of Re-Examinations.
Spring	10	11	12
Summer	12	13	19
Autumn	39	28	21
TOTAL	61	52	52

The defects found are as under:—

For Treatment.			
Dental ...	...	12	
Vision ...	...	2	
Deformities ...	...	1	
Skin ...	...	1	
Other Defects ...	...	4	
Total ...	...	20	—

For Observation.			
Glands ...	...	10	
Tonsils ...	...	5	
Vision ...	...	4	
Glands (T.B.) ...	...	1	
Lungs ...	...	1	
Other Defects ...	...	11	
Total ...	...	32	—

SECONDARY BOYS' SCHOOL.

Routine Medical Inspection, "Following up," and "Sports" examination occasioned 9 visits to this School during 1929.

Term.	Boys Examined.	No. of Defects Found.	No. of Re-Examinations.
Spring	7	4	127*
Summer	61	47	35
Autumn	44	29	6
TOTAL	112	80	168

* Includes 103 boys seen as to fitness for sports

The defects observed are shown as under :—

For Treatment.		For Observation.	
Dental ...	21	Nose and Throat ...	7
Skin ...	8	Glands ...	6
Malnutrition ...	6	Vision ...	4
Nose and Throat ...	3	Lungs ...	3
Deformities ...	3	Heart Disease ...	3
Uncleanliness ...	1	Deformities ...	2
Vision ...	1	Defective Speech ...	1
Other Defects ...	3	Malnutrition ...	1
		Other Defects ...	7
Total ...	46	Total ...	34

SECONDARY GIRLS' SCHOOL.

Nine visits were paid to this School during the year.

Term.	Girls Examined.	No. of Defects Found.	No. of Re-Examinations.
Spring	59	36	12
Summer	25	15	29
Autumn	34	21	50
TOTAL.	118	72	91

The defects were distributed as follows :—

For Treatment.		For Observation.	
Dental ...	12	Nose and Throat ...	9
Vision ...	5	Vision ...	5
Nose and Throat ...	5	Glands ...	5
Ears ...	2	Heart Disease ...	4
Other Defects ...	14	Malnutrition ...	1
		Ears ...	1
		Other Defects ...	9
Total ...	38	Total ...	34

REPORT ON THE WORK OF THE DENTAL DEPARTMENT FOR THE YEAR 1929.

ROUTINE WORK.

During the year 16 Elementary and 2 Secondary Schools were visited.

The number of Departments visited was 35, viz., Infants' 12, Girls' 8, Boys' 7, Mixed 5, and Junior 3.

The teeth of 5,989 children were examined—4,542 re-inspections and 1,447 first inspections.

The following Table gives details of ages and compares the sexes:—

TABLE A.

Year of Inspection.	Ages of Children—Routine.											Total.		
	5	6	7	8	9	10	11	12	13	14	15	Routine.	Non-Routine.	Total Inspected
1920	2156		247	—	—	—	—	—	—	—	—	2403	1211	3614
1921	619	554	607	331	1	—	—	—	—	—	—	2112	973	3085
1922	522	670	527	525	301	4	—	—	—	—	—	2549	725	3274
1923	1086	1430	1347	1432	1370	558	158	—	—	—	—	7381	584	7929
1924	839	954	1048	1071	1200	1205	915	—	—	—	—	7232	386	7618
1925	1060	788	786	946	969	1064	1148	567	—	—	—	7328	273	7601
1926	1206	1416	910	759	931	879	975	920	543	—	—	8539	90	8629
1927	877	906	1068	638	571	616	672	773	850	239	—	7210	15	7225
1928	711	760	813	954	679	658	642	768	781	245	—	7011	3	7014
1929	657	623	714	777	792	535	526	591	483	198	93	5989	—	5989

Of the total number inspected, only 10.47 per cent. had every tooth perfectly sound, whilst 43.58 per cent. had mouths containing 8,105 septic teeth, an average of 3.11 each, as witness the following Table:—

TABLE B.

Year.	Percentage of Children having septic teeth.	Average number of septic teeth per child.
1921	68.46	2.29
1922	63.65	3.14
1923	53.00	3.11
1924	51.49	2.69
1925	44.25	2.65
1926	39.81	2.81
1927	38.15	2.81
1928	37.51	2.95
1929	43.58	3.11

TABLE B.1.

Year.	Percentage having "All-sound" teeth.
1927	11.22
1928	9.44
1929	10.47

Of the total number inspected only 38.72 per cent. had all the permanent teeth present in the mouth perfectly sound, whilst 39.17 per cent. had decayed permanent teeth which were savable.

The following comparative Table gives the necessary details:—

TABLE C.

Children having one or more permanent teeth decayed savable:—

Year.	Number of Permanent Teeth Decayed Savable.										Total No. of Children.	Total No. of Decayed Perm. teeth savable.	Percentage of children
	1	2	3	4	5	6	7	8	9	10			
1921	1 or more												
	464	—	—	—	—	—	—	—	—	—	464	464	21.96
1922	413	346	94	41	1	—	—	—	—	—	895	1,556	35.11
1923	968	1,020	306	232	7	1	—	—	—	—	2,534	4,895	34.33
1924	1,298	1,124	417	269	17	2	3	—	—	—	3,130	5,991	43.27
1925	1,118	1,208	456	319	30	12	1	1	—	—	3,145	6,415	42.91
1926	1,107	1,356	499	375	37	18	9	4	—	1	3,406	7,214	39.87
1927	1,106	1,331	465	325	57	28	7	4	1	—	3,324	7,006	16.10
1928	1,006	1,106	462	332	55	16	7	4	—	—	2,988	6,384	42.61
1929	798	884	367	247	34	14	2	—	—	—	2,316	4,923	39.17

3,268 permanent teeth filled in previous years were found artificially sound.

Tables D. and E. give details regarding children selected for treatment.

TABLE D.

Year.	Children Inspected.	Selected for Treatment.	Percentage Selected.
1920	2,403	1,772	73.70
1921	2,112	1,655	78.30
1922	2,549	1,930	75.70
1923	7,381	4,939	66.90
1924	7,232	5,186	71.70
1925	7,328	4,898	66.80
1926	8,539	5,428	63.56
1927	7,210	4,888	67.79
1928	7,011	4,702	67.06
1929	5,989	4,160	69.46

TABLE E.

Year.	Selected for Treatment.	Extractions only.	Fillings only.	Fillings and Extractions.	Dressings only.
1920	1,772	51.52	17.15	28.44	2.8
1921	1,655	60.33	10.21	28.81	.1
1922	1,930	52.17	13.26	34.19	.3
1923	4,939	49.86	17.55	32.49	.08
1924	5,186	40.39	24.33	35.13	.13
1925	4,898	41.11	30.98	27.76	.01
1926	5,428	42.90	34.00	22.93	.01
1927	4,888	37.07	39.01	23.93	—
1928	4,702	38.19	36.83	24.75	.006
1929	4,160	44.88	29.74	25.29	.14

During the year, 4,160 letters were sent to parents inviting consents to treatment. Of these, 3,830 letters were returned, 62.63 per cent. consents and 37.38 per cent. refusals.

It will be noticed that the percentage of consents has considerably increased.

The following comparative Tables will be found interesting :—

TABLE F.

Year.	Selected for Treatment.	Percentage of consents
1920	1,772	63.00
1921	1,655	58.36
1922	1,919	57.00
1923	4,821	54.10
1924	5,186	57.65
1925	4,898	59.45
1926	5,428	58.46
1927	4,888	57.72
1928	4,702	55.00
1929	4,160	62.63

TABLE G.

NUMBER OF TEETH EXTRACTED.

Year.	Routine.		Non-Routine.		Total.
	Temp.	Perm.	Temp.	Perm.	
1920	2,687	10	1,676	410	4,783
1921	3,119	15	1,470	521	5,125
1922	3,224	26	1,082	442	4,774
1923	5,605	107	502	376	6,590
1924	5,313	293	191	348	6,148
1925	6,048	420	153	329	6,950
1926	6,169	536	23	130	6,858
1927	5,149	635		15	5,799
1928	6,206	809		6	7,021
1929	7,381	977			8,358

TABLE H.
NUMBER OF FILLINGS.

Year.	Routine.		Non-Routine.		Total.
	Temp.	Perm.	Temp.	Perm.	
1920	420	310	1	23	754
1921	139	495	—	34	668
1922	20	898	—	20	938
1923	37	2,038	—	19	2,094
1924	22	2,290	1	71	2,384
1925	11	2,603	—	44	2,658
1926	19	2,826	—	4	2,849
1927	13	2,795	—	17	2,825
1928	49	3,113	—	3	3,165
1929	26	2,969	—	—	2,995

TABLE I.
ACTUAL NUMBER OF CHILDREN TREATED.

Year.	Routine.	Non-Routine.	Total.
1920	1,355	1,211	2,565
1921	1,200	973	2,173
1922	1,289	725	2,014
1923	2,584	548	3,132
1924	3,107	386	3,493
1925	3,424	273	3,697
1926	3,704	90	3,794
1927	3,062	15	3,077
1928	3,490	3	3,493
1929	3,692	—	3,692

TABLE J.

Year	Percentage of Non Routine Children Treated.
1920	47.19
1921	44.70
1922	35.90
1923	17.50
1924	11.50
1925	7.30
1926	2.30
1927	.48
1928	.008
1929	Nil

The present dental scheme having been in operation over ten years, the "non-routine" age group has now disappeared, being completely absorbed by the "Routines."

The following are tabulated details of work done during the year:—

Number of schools visited	...	...	...	18
„ „ visits to schools	...	...	...	101
„ „ departments visited	...	...	...	35
„ „ half-days devoted to dental inspection	...	...	...	101
„ „ mouths examined at dental inspection	...	...	...	5,989
„ „ children selected for treatment	...	...	...	4,160
„ „ letters sent	...	...	...	4,160
Actual number of children treated	...	...	...	3,692
Number of attendances made	...	...	...	4,983
„ „ appointments made	...	...	...	5,398
„ „ appointments broken	...	...	...	1,217
„ „ amalgam stoppings in permanent teeth	...	...	...	1,167
„ „ amalgam and cement stoppings in permanent teeth	...	...	...	1,537
„ „ cement stoppings in permanent teeth	...	...	...	261
„ „ root canal treatments	...	...	...	4
„ „ amalgam stoppings in temporary teeth	...	...	...	8
„ „ cement stoppings in temporary teeth	...	...	...	18
Total number of stoppings	...	...	...	2,995
Number of permanent teeth stopped	...	...	...	2,660
„ „ temporary teeth extracted	...	...	...	7,381
„ „ permanent teeth extracted	...	...	...	977
„ „ local anæsthetic cases	...	...	...	385
„ „ Nitrous Oxide administrations	...	...	...	2,890
„ „ sundry dressings in temporary teeth	...	...	...	65
„ „ sundry dressings in permanent teeth	...	...	...	601
„ „ children for whom advice was sought	...	...	...	190
„ „ children brought to Clinic who then refused treatment	...	...	...	24
„ „ children treated who had been treated in former years	...	...	...	1,970
Number of talks to parents at schools	...	...	...	11
„ „ employment cases treated	...	...	...	24
Artificial crown fitted	...	...	...	1

The Radiologist at the East Suffolk and Ipswich Hospital kindly took on our behalf five X-Ray photographs of children's mouths.

During the year £67 16s. 8d. was received in payment for treatment from 3,390 children, an average of 4 ¾d. each.

T. A. EDMONDSON,
School Dental Surgeon.

STATISTICAL TABLES FOR 1929.

TABLE 1.

RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

Entrants	...	...	...	1,155
Intermediates	...	...	...	1,503
Leavers	...	...	...	986
Total	...	...	...	3,644

Number of other Routine Inspections ... 79

B.—OTHER INSPECTIONS.

Number of Special Inspections	7,054
Number of Re-inspections ...	9,438
Total	16,492

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1929.

Defect or Disease,		ROUTINE INSPECTIONS,		SPECIAL INSPECTIONS,	
		No. of Defects,		No. of Defects,	
		Requiring Treatment,	Requiring to be kept under observation but not requiring treatment.	Requiring Treatment,	Requiring to be kept under observation but not requiring treatment.
(1)		(2)	(3)	(4)	(5)
Skin	Malnutrition ...	98	44	—	13
	Uncleanliness (see Table IV., Group V.) ...	32	45	16	17
	Ringworm—Scalp ...	9	—	18	—
	Body ...	7	—	7	—
	Scabies ...	—	—	16	3
	Impetigo ...	30	1	315	12
	Other Diseases (Non-Tuberculous)	38	16	635	221
Eye	Blepharitis ...	16	3	47	4
	Conjunctivitis ...	4	—	79	2
	Keratitis ...	—	—	1	2
	Corneal Ulcer ...	—	—	8	1
	Corneal Opacities ...	1	—	2	2
	Defective Vision(excluding Squint ...	102	61	72	17
	Squint ...	8	18	10	1
Ear	Other Conditions ...	4	11	75	32
	Defective Hearing ...	17	37	2	16
	Otitis Media ...	3	9	14	42
Nose and Throat	Other Ear Diseases ...	6	7	30	82
	Enlarged Tonsils only ...	21	382	30	164
	Adenoids only ...	3	32	6	3
	Enlarged Tonsils & Adenoids ...	18	7	58	13
Other Conditions ...		4	36	103	459
Enlarged Cervical Glands (Non-Tuberculous)		5	344	66	339
Defective Speech		—	15	2	1
Teeth—Dental Diseases (see Table IV., Group IV.)		—	—	—	—
Heart and Circulation	Heart Disease—Organic ...	—	16	—	7
	Functional ...	1	34	—	15
	Anæmia ...	7	42	3	8
Lungs	Bronchitis ...	12	23	13	48
	Other Non-Tuberculous Diseases	8	44	—	—
Tuber- culosis	Pulmonary—Definite ...	—	1	1	6
	Suspected ...	4	54	4	55
	Non-Pulmonary—				
	Glands ...	—	—	4	7
	Spine ...	—	—	—	—
	Hip ...	—	—	—	—
	Other Bones and Joints	—	—	—	—
Nervous System	Skin ...	—	—	—	—
	Other Foruns ...	—	3	3	7
	Epilepsy ...	—	—	1	3
Deform- ities	Chorea ...	—	—	—	16
	Other Conditions ...	4	18	1	6
Other Defects and Diseases	Rickets ...	—	6	1	—
	Spinal Curvature ...	—	—	—	—
	Other Foruns ...	—	16	—	5
Total		64	180	286	807

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

(1)	Number of Children		Percentage of children found to require treatment,
	Inspected	Found to require treatment.	
(1)	(2)	(3)	(4)
Code Groups—			
Entrants ...	1155	140	12.1
Intermediates ...	1503	257	17.1
Leavers ...	986	118	11.9
Total (Code Groups) ...	3644	515	14.1
Other Routine Inspections	79	3	3.8

TABLE III.
RETURN OF ALL EXCEPTIONAL CHILDREN IN
THE AREA.

			Boys	Girls	Total
Blind (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind Attending Public Elementary Schools At other Institutions At no School or Institution ...	2 — — —	— — — —	2 — — —
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind Attending Public Elementary Schools At other Institutions At no School or Institution ...	1 9 — —	— 3 — —	1 12 — —
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a School or Class for the totally deaf, or deaf and dumb.	Attending Certified Schools or Classes for the Deaf Attending Public Elementary Schools At other Institutions At no School or Institution ...	1 — — 1	3 1 — —	4 1 — 1
	(ii) Suitable for training in a School or Class for the partially deaf	Attending Certified Schools or Classes for the Deaf Attending Public Elementary Schools At other Institutions (Special School) At no School or Institution ...	— 4 — 1	— 2 2 —	— 6 2 1
Mentally Defective.	Feeble minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ... Attending Public Elementary Schools At other Institutions At no School or Institution ...	44 — — 7	34 1 — 4	78 1 — 11
Epileptics.	Suffering from severe Epilepsy	Attending Certified Schools (Special) for Epileptics In Institutions other than Certified Special Schools Attending Public Elementary Schools At other Institutions At no School or Institution ...	— — — — —	— — — — 1	— — — — 1
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools At no School or Institution ...	5 2	4 1	9 3
Physically Defective.	Infectious, pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At other Institutions At no School or Institution ...	— — 4	— — 4	— — 8
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At Certified Residential Open Air Schools At Certified Day and Open Air Schools At Public Elementary Schools ... At other Institutions At no School or Institution ...	13 — — 67 — 38	8 — — 83 — 31	21 — — 150 — 69
	Delicate children (pre- or latent tuberculosis, malnutrition, debility, anæmia, etc.)	At Certified Residential Open Air Schools At Certified Day Open Air Schools ... At Public Elementary Schools ... At other Institutions At no School or Institution ...	— — 80 5 38	— — 78 7 34	— — 158 12 72
	Active Non-pulmonary Tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or Board At Public Elementary Schools ... At other Institutions At no School or Institution ...	2 — 1 —	4 — — —	6 — 1 —
	Crippled Children (other than those with active tuberculous disease) e.g. Children suffering from paralysis, etc. and including those with severe heart disease.	At Certified Hospital Schools ... At Certified Residential Cripple Schools At Certified Day Cripple Schools ... At Public Elementary Schools ... At other Institutions At no School or Institution ...	— 2 — 25 2 18	— — — 23 3 7	— 2 — 48 5 25

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE
YEAR ENDED 31st DECEMBER, 1929.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which
see Group V).

Disease or Defect				Number of Defects Treated, or Under Treatment During the Year		
				Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
(1)						
Skin—						
Ringworm, scalp	...	...	...	10	14	24
Ringworm, body	...	...	...	4	3	7
Scabies	...	...	...	8	8	16
Impetigo	...	...	...	94	251	345
Minor Eye Defects— (external and other, but exclud- ing cases falling in Group II). ...				124	101	225
Minor Ear Defects				6	30	36
Miscellaneous— e.g. minor injuries, bruises, sores, chilblains, etc. (including other skin diseases) ...				589	191	780
Total				835	598	1,433

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.

Disease or Defect.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to re-refraction by private practitioner or at Hospital apart from the Authority's Scheme.	Other-wise.	Total
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint) (Operation for Squint should be recorded separately in the body of the Report) ...	351	—	—	351
Other Defect or Disease of the Eyes (excluding those recorded in Group I). ...	—	—	—	—
TOTAL ...	351	—	—	351

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	249
(b) Otherwise	...	...	—

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	...	...	246
(b) Otherwise	...	...	—

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.				
Received Operative Treatment.		Total.	Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)			
At Ipswich and East Suffolk Hospital at our request.	By Patient's own Medical Practitioner.			
110	—	110	26	136

Group IV.—Dental Defects.

1. Number of children who were :—

(a) Inspected by the Dentists :—

Agcd.					
5	...	...	...	...	657
6	...	...	...	...	623
7	...	...	...	...	714
8	...	...	...	...	777
9	...	...	...	...	792
10	...	...	...	...	535
11	...	...	...	...	526
12	...	...	...	...	591
13	...	...	...	...	483
14	...	...	...	...	198
15	{	...	...	...	93
16					
	Total	...	...	...	5,989
Specials	...	...	...	...	—
					5,989
(b) Found to require treatment	...	..	...	4,160	
(c) Actually treated	...	...	...	3,935	
(d) Re-treated during the year as the result of periodical examination	...	...	...	1,970	
Half-days devoted to Inspection	101				
	Treatment	762	Total	863	
Attendances made by children for treatment	...	4,983			
Fillings—Permanent teeth	...	2,969			
	Temporary teeth	...	26	Total	2,995
Extractions—Permanent teeth	...	977			
	Temporary teeth	7,381	Total	8,358	
Administrations of general anæsthetics for extractions	...	2,890			
Other operations :—					
	Permanent teeth	...	...	601	
	Temporary teeth	...	...	65	Total 666

Group V.—Uncleanliness and Verminous Conditions.

- 1.—Average number of visits per school made during the year by the School Nurses ... 3.2
- 2.—Total number of examinations of children in the School by School Nurses ... 24,478
- 3.—Number of individual children found unclean ... 241
- 4.—Number of children cleansed under arrangements made by the Local Education Authority ... 25
- 5.—Number of cases in which Legal proceedings were taken :—
 - (a) Under the Education Act, 1921 ... Nil.
 - (b) Under the School Attendance Bye-laws ... Nil.

(Signed) A. M. N. PRINGLE,
School Medical Officer.

